

PURCHASING AND CONTRACTS DIVISION



July 13, 2012

Vector Disease Control, Inc.
P. O. Box 566
DeWitt, AR 72042

Re: *Renewal #1 – Term Contract for Mosquito Control Aerial Adulticiding Services (RFP-600650-09/GMG)*

To Whom It May Concern:

In accordance with the terms and conditions of subject Agreement, the Agreement may be extended for an additional one (1) year period.

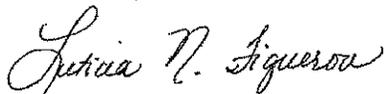
The County has evaluated your performance during the past year and determined to extend the agreement for an additional year effective July 16, 2012 through July 15, 2013.

Authorization for performance of services by the Contractor under this agreement shall be in the form of written Release Orders issued and executed by the County on an as-needed basis based on the terms and conditions of the agreement.

Appropriate County Departments and Divisions will be notified of this renewal.

Thank you for your interest in doing business with Seminole County. If you have any questions or need further assistance, please contact our office.

Sincerely,


Leticia N. Figueroa
Procurement Technician

cc: Kelly Deutsch, Public Works
Finance Department
County Attorney's Office
File

COUNTY MANAGER'S OFFICE
PURCHASING AND CONTRACTS DIVISION



April 18, 2012

Fax: 866-839-8595

Vector Disease Control, Inc.
P.O. Box 566
DeWitt, AR 72042-0566

RE: Renewal I - Term Contract for Mosquito Control Aerial Adulticiding Services (RFP-600650-09/GMG) July 16 through July 15, 2013 (1 year)

Seminole County is in the process of reviewing the above referenced contract which expires on July 15, 2012 for possible renewal. During this time of economic uncertainty, the County is projecting unprecedented deficits and revenue shortfalls over the next few years. Accordingly, the County is forced to review its contracts to assess whether or not it is feasible to renew. The County appreciates your business and at this time, we would like to determine whether your firm is interested in renewing the agreement at reduced pricing.

As part of the assessment, the County is seeking opportunities to generate recurring cost savings and reductions. Therefore, in order to evaluate your contract for renewal, please complete the information on the bottom of this letter and indicate any changes, including price reductions, new or additional discounts, etc., you would like to propose.

Please respond to this request within five (5) working days of the date of this letter. Response can be faxed to 407-665-7956 or by email lfigueroa@seminolecountyfl.gov. **PLEASE BE SURE TO INCLUDE THE CERTIFICATE OF INSURANCE.** The renewal will not be completed without verification of Insurance. I look forward to hearing from you at your convenience.

Sincerely,

Leticia Figueroa
Leticia Figueroa
Procurement Technician

CHECK THE APPLICABLE BOX BELOW

The undersigned accepts renewal of the above-referenced agreement under the following conditions (Check one):

- The Fee Structure of the agreement is modified as indicated on the attached copy.
- The agreement can be renewed with the same pricing structure, specifications, terms and conditions as the current order.
- I do not wish to renew this agreement.

Debbie Clement
Signature

CFO
Title

Debbie Clement
Name Typed or Printed

7-13-12
Date



CERTIFICATE OF LIABILITY INSURANCE

VECTOR2

OP ID: JN

DATE (MM/DD/YYYY)

03/30/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER McSweeney & Ricci Ins Ag Inc 420 Washington Street P.O. Box 850984 Braintree, MA 02185 SAD Dept mkt	781-848-8600 781-843-8807	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Insurance Company State PA</td> <td>19429</td> </tr> <tr> <td>INSURER B: Commerce & Industry</td> <td>19410</td> </tr> <tr> <td>INSURER C: Chartis Specialty Insurance</td> <td>26883</td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: Insurance Company State PA	19429	INSURER B: Commerce & Industry	19410	INSURER C: Chartis Specialty Insurance	26883	INSURER D:		INSURER E:		INSURER F:
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INSURED Vector Disease Control Int LLC Vector Disease Acquisition LLC 1320 Brookwood Drive-Suite H Little Rock, AR 72202															

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

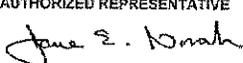
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Pollution \$1MM GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOG		EG 14767064	01/12/12	04/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPIOP AGG \$ 2,000,000
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIREN AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		CA 4464357	01/12/12	04/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		EGU 14767118	01/12/12	04/01/13	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	066-06-1106	04/01/12	04/01/13	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Mosquito Control Services. The County of Seminole is an additional insured on the commercial general liability policy subject to written agreement per the terms and conditions of the commercial general liability policy and its endorsements but only with respect to acts of negligence by the named insured in performance of its contract obligations.

CERTIFICATE HOLDER**CANCELLATION**

COUNTY6 County of Seminole, Admin Serv Purchasing & Contracts Divis. Attn: Gloria M. Garcia 1101 East First Street Sanford, FL 32771	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**ASSIGNMENT OF TERM CONTRACT FOR MOSQUITO CONTROL AERIAL
ADULTICIDING SERVICES (PRIMARY CONTRACTOR)
(RFP-600650-09/GMG)**

THIS ASSIGNMENT is made and entered into this 19th day of June, 2012,
by and between **VECTOR DISEASE CONTROL, INC.**, whose mailing address is P.O. Box 566,
Dewitt, Arkansas 72042, hereinafter referred to as "ASSIGNOR", **VECTOR DISEASE
CONTROL INTERNATIONAL, LLC**, whose address is 1320 Brookwood Drive, Suite H, Little
Rock, Arkansas 72202, hereinafter referred to as "ASSIGNEE", and **SEMINOLE COUNTY**, a
political subdivision of the State of Florida, whose address is Seminole County Services Building,
1101 East First Street, Sanford, Florida 32771, hereinafter referred to as "COUNTY".

WITNESSETH:

WHEREAS, COUNTY and ASSIGNOR entered into a Term Contract for Mosquito
Control Aerial Adulticiding Services (RFP-600650-09/GMG) on July 16, 2009, whereby
ASSIGNOR agreed to provide COUNTY with mosquito control services on a continuing basis; and

WHEREAS, ASSIGNOR, as of January, 2011, was sold to ASSIGNEE, which has
assumed all the assets, liabilities, duties and responsibilities of the ASSIGNOR, including those
under RFP-600650-09/GMG; and

WHEREAS, both majority shareholders and executives of ASSIGNOR desire this
assignment; and

WHEREAS, Section 14 of the Term Contract entered into between COUNTY and
ASSIGNOR on July 16, 2009, requires that the Term Contract not be assigned by the parties
without prior written consent of the other party, and in such cases, only by a document of equal
dignity therewith; and

WHEREAS, COUNTY, ASSIGNOR and ASSIGNEE all feel that assignment of the Term Contract to ASSIGNEE will best serve the needs of all parties,

NOW, THEREFORE, in consideration of the mutual understandings and covenants set forth herein, COUNTY, ASSIGNOR and ASSIGNEE agree as follows:

(1) ASSIGNOR assigns all of its rights in that certain Term Contract with the COUNTY dated July 16, 2009, for mosquito control aerial adulticiding services (RFP-600650-09/GMG) to ASSIGNEE, effective immediately.

(2) ASSIGNEE accepts the above assignment and agrees to be bound by all of the terms and conditions of that Term Contract dated July 16, 2009, to be performed on the part of ASSIGNOR, and ASSIGNEE agrees to indemnify COUNTY against any and all liabilities under that Term Contract, effective immediately.

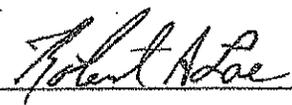
(3) COUNTY hereby consents to the foregoing assignments between ASSIGNOR and ASSIGNEE of those contracted rights and duties as set forth in the Term Contract dated July 16, 2009.

IN WITNESS WHEREOF, the parties hereto have made and executed this Assignment on the date below written.

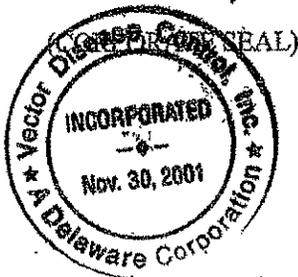
ATTEST:


Secretary

VECTOR DISEASE CONTROL, INC.

By: 
President

Date: June 19, 2012



VECTOR DISEASE CONTROL
INTERNATIONAL, LLC

Penny Mitchell
Witness

Penny Mitchell
Print Name

Denni Esquivel
Witness

Denni Esquivel
Print Name

By: [Signature]

Title: CFO

Printed Name: Debbie Clement

Date: 6-19-12

SEMINOLE COUNTY, FLORIDA

Tommy Roberts
Witness

Tommy Roberts
Print Name

By: [Signature]
RAY HOOPER, Purchasing and
Contracts Manager



Date: 6/29/12

Gloria M. Garcia
Witness

GLORIA M. GARCIA
Print Name

For the use and reliance
Seminole County only.

Approved as to form and
legal sufficiency.

[Signature]
County Attorney

ABC/lpk
6/18/12

P:\Users\Legal Secretary\CSB\Purchasing 2012\Agreements\RFP-600650 assign Vector.doc

**FIRST AMENDMENT TO TERM CONTRACT FOR
MOSQUITO CONTROL AERIAL ADULTICIDING SERVICES
(PRIMARY CONTRACTOR)
(RFP-600650-09/GMG)**

THIS FIRST AMENDMENT is made and entered into this 2nd day of July, 2012 and is to that certain Agreement made and entered into on the 16th day of July, 2009, between VECTOR DISEASE CONTROL INTERNATIONAL, LLC, whose address is 1320 Brookwood Drive, Suite H, Little Rock, Arkansas 72202, hereinafter referred to as "CONTRACTOR", and SEMINOLE COUNTY, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter referred to as "COUNTY".

WITNESSETH:

WHEREAS, CONTRACTOR and COUNTY entered into the above referenced Agreement on July 16, 2009, for mosquito control aerial adulticiding services; and

WHEREAS, the parties desire to amend the Agreement so as to enable both parties to continue to enjoy the mutual benefits it provides; and

WHEREAS, Section 21 of the Agreement provides that any amendments shall be valid only when expressed in writing and duly signed by the parties,

NOW, THEREFORE, in consideration of the mutual understandings and agreements contained herein, the parties agree to amend the Agreement as follows:

1. Exhibit A of the Agreement is deleted and replaced by the new Exhibit A attached hereto.
2. Except as herein modified, all terms and conditions of the Agreement shall remain in full force and effect for the term of the Agreement, as originally set forth in said Agreement.

IN WITNESS WHEREOF, the parties hereto have executed this instrument for the purpose herein expressed.

VECTOR DISEASE CONTROL
INTERNATIONAL, LLC

Penny Mitchell
Witness

Penny Mitchell
Print Name

Danni Esquivel
Witness

Danni Esquivel
Print Name

By: Debbie Clement

Title: CFO

Printed Name: Debbie Clement

Date: 6-19-12

SEMINOLE COUNTY, FLORIDA

Sammy Roberts
Witness

Sammy Roberts
Print Name

By: Betsy Cohen



BETSY COHEN, Purchasing Supervisor

Date: 7/2/12

Gloria M. Garcia
Witness

GLORIA M. GARCIA
Print Name

For the use and reliance
of Seminole County only.

Approved as to form and
legal sufficiency.

[Signature]
County Attorney

ABC/lpk

6/5/12 6/18/12

F:\Users\Legal Secretary CSB\Purchasing 2012\Agreements\RFP-600650 1am Vector.doc

Attachment:

Exhibit A - Scope of Services

**Exhibit A
Amendment #1**

2

**Section 1 –
Description of Services – Scope of Work**

Seminole County is currently soliciting proposals for a term contract to provide professional services for the County's Mosquito Control Program, by providing aerial insecticide application support in Seminole County on an as needed basis. The professional services will include, but not limited to:

- I. **AERIAL SERVICES: Task 2 - Aerial Adulticiding:** To control adult mosquitoes will generally be limited to specific source locations identified in Seminole County. The COUNTY expects to treat 61,440 acres per year. Annual aerial Adulticiding applications may increase gradually during the ensuing three (3) year period. Aerial Adulticiding in Seminole County may increase as the need arises. Additional aerial mosquito treatment areas may be identified during the contract. The specific locations and frequency of insecticide application shall be determined at the sole discretion of the COUNTY. Global positioning system (GPS) coordinates of all sites will be provided by the COUNTY to the SERVICE PROVIDER. During the term of this agreement the COUNTY, at its sole discretion, may add, delete or modify portions of the work scope functions. There is no guarantee that the approximate acres will be conducted during the year.

- II. **BASIC SERVICES**
 - A. ***The Service Provider shall:***
 1. Have one (1) aircraft capable of being equipped to apply the mosquito adulticides specified in this Agreement in accordance with the label directions and all rules and regulations of the Florida Department of Agriculture and Consumer Services' Bureau of Entomology and Pest Control and the U.S. Environmental Protection Agency.
 2. Have the capabilities of receiving and opening an e-mail version of the target area map as delineated on the COUNTY's Geographic Information System (GIS) and a facsimile transmission of the map.
 3. Provide all ground support for routine applications in order to conduct missions within 48 hours.
 4. Comply with all Federal Aviation Administration (FAA) regulations, inclusive of applicable Federal Air Regulations (F.A.R) 137 that may apply when providing services under the performance of this Agreement.
 5. Confirm in writing, conferences, telephone conversations, consultations and meetings in which SERVICE PROVIDER is a party which resolves or establishes a question of scope, a design element or other consideration of this agreement. Copies of these minutes shall be provided to all attendees/participants and to persons identified on the COUNTY'S distribution list within seven (7) calendar days.
 6. Provide written responses to all the COUNTY'S written comments within fifteen (15) calendar days.
 7. Conduct operation within the window of time provided by the COUNTY. During the mosquito season, generally, April through October, Service Provider shall be available to perform services twenty-four (24) hours per day, seven (7) days per week. During the non-mosquito season an alternate time period may be mutually agreed to in writing by the County's Administrative Agent and Service Provider.
 8. Provide a report including all aspects of the treatment mission within 24 hours of completion. Provide raw GIS data for County GIS records and County use, along

with any software and mission data needed to process and review the missions, all of which needs to be compatible with the County's current system.

B. Aircraft

1. All aircraft provided by Service Provider pursuant to this Agreement shall be operated and maintained by Service Provider at no additional cost to the COUNTY.
2. All aircraft used by Service Provider to perform professional services identified in this Agreement must conform to all FAA rules and regulations.
3. All Service Provider's aircraft shall be equipped with a Global Positioning System (GPS) capable to record on a map of Seminole County in a digital format compatible with the Geographic Information System of Seminole County Mosquito Management Services. The flight path of the aircraft must be within thirty (30) feet of its actual flight path, when pesticide is being released and when it is not being released.
4. The electronic copy of each mission record shall be provided by SERVICE PROVIDER to the County's Administrative Agent within 24 hours after mission is completed.
5. Service Provider shall notify County's Administrative Agent no later than 07:30 hours on the morning following the mission by e-mail or facsimile as to the completion status of each Task 2 indicated on the work for Release Order.

C. Pilots

All Pilots employed by Service Provider shall maintain all certifications required by FAA and as described in Chapter 388 F.S. and F.A.C. 5E-13 for aerial Public Health Pest Control. Service Provider shall provide written proof of current certifications for all Pilots who provide services under this Agreement.

III. RESPONSIBILITIES OF THE COUNTY

- A. All Release Orders for Services, or instructions provided to the Service Provider by the County's Administrative Agent, or his/her designee, shall be in writing and transmitted by electronic mail or facsimile transmission.
- B. Duties and responsibilities of the County's Administrative Agent:
 1. Shall provide a forty-eight (48) hour notice for the Service Provider to prepare for a mission.
 2. Shall provide Service Provider, no later than twenty-four (24) hours prior to any time the mission is scheduled to commence, with an electronic copy or hard copy of the Work Order for Services. The Work Order for Services will include the spray area (s), the date (s) and time (s) of desired applications, and any additional information that will increase the safety margin of the mission.
 3. Shall determine the pesticide formulation and application rates and methods to be used by Service Provider for the pesticides identified in Exhibit A of this Agreement.
 4. May use any pesticide formulation and application rate identified in Exhibit A.
 5. Shall provide liaison contact information for Service Provider during all aerial applications and may provide ground support in special cases as determined jointly by the County's Administrative Agent and Service Provider, and during emergency situations.

IV. **DEFINITIONS:** Whenever in this Agreement the following terms are used they shall have the meaning hereinafter set forth unless specifically noted otherwise in the text.

- A. **AERIAL ADULTICIDING:** The aerial application of insecticides to control adult mosquitoes.
- B. **ADULTICIDE:** A pesticide used for the control of adult mosquitoes. Named is the referenced Adulticide in the Scope of Services.
- C. **COUNTY'S ADMINISTRATIVE AGENT:** The person designated by the COUNTY to provide direct interface with the Service Provider with respect to the COUNTY's responsibilities under this Agreement. Namely the County Mosquito Control Program Manager.
- D. **COUNTY:** Seminole County Government and its staff members assigned to this Project.
- E. **CONTRACT TASKS:** TASK 2 - Aerial Adulticiding
- F. **ELECTRONIC COMMUNICATION:** By e-mail or facsimile.
- G. **SERVICE PROVIDER:** Firm to provide professional mosquito control services.
- H. **PILOT:** Person hired by Service Provider who is an FAA certified licensed pilot and is certified as described in Chapter 388 F.S. and 5E-13 F.A.C. for aerial Public Health Pest Control who provides services under this Agreement.
- I. **PROJECT:** All professional services to assist the COUNTY'S Mosquito Management Services by providing aerial and ground insecticide application support and an aerial reconnaissance capability in Seminole County on an as needed basis.
- J. **PROJECT TEAM:** The County's Administrative Agent and Service Provider who shall work jointly during the term of the Agreement.
- K. **WORK:** All the professional aerial and ground insecticide applications to control immature and adult mosquitoes, aerial surveillance and responsibilities to be performed by Service Provider, specified or stated by this Agreement, including all the supervision of Service Provider personnel necessary or required to perform under this Agreement.

V. **ORGANIZATION MEETINGS AND IMPLEMENTATION SCHEDULE**

- A. The initial organization meeting between Service Provider and COUNTY'S Project Management Team will be scheduled within five (5) working days after the execution of the agreement. The date and time of said meeting will be determined by mutual consent between Service Provider and the COUNTY'S Administrative Agent. The meeting will include prior preparation by Service Provider.
- B. Implementation Schedule: Within fifteen (15) calendar days after issuance of the NTP, the Service Provider shall deliver to the COUNTY an Implementation Schedule with specific dates for approval by the County's Administrative Agent. The Implementation Schedule shall also include the specific calendar dates for the delivery or completion of all documents, and reports required for this Agreement.

VI. **WORK PLAN:** At the conclusion of each contract year, Service Provider shall prepare a written report in both hard copy and electronic formats. Said report shall summarize the key tasks completed and highlight performance data in the performance of the work. The written report and materials (e.g., statistical data, maps, seasonal data, project notebooks, graphics, drawings, schedules, etc.) shall be in a manner and form

determined by the County's Administrative Agent. Service Provider shall provide to COUNTY four (4) copies of each report of which one (1) copy shall be unbound and in reproducible form for printing by COUNTY for distribution.

- VII. **WORK PLAN:** The Project Work Plan shall be provided by the Service Provider and includes the following:

Aerial Services: Provide aerial insecticide application and an aerial reconnaissance capability in Seminole County on an as needed basis.

The specific locations and frequency of insecticide application shall be determined at the sole discretion of the County's Administrative Agent.

- VIII. **WORK TASKS:**

Task 2 - Aerial Adulticiding: The aerial application of insecticides to control adult mosquitoes. Work details to include but not be limited to the following Elements:

1. Provide aerial adulticide application services as directed by the County's Administrative Agent. The County's Administrative Agent will notify Service Provider by e-mail or facsimile of the need for the services no less than twenty-four (24) hours before the time indicated on the work order.
2. Provide and/or apply one or more of the following pesticides at the indicated rate as directed by the County's Administrative Agent:
 - a) Apply Naled @ 0.50 oz./acre.
 - b) Apply Naled @ 0.75 oz./acre
 - c) Apply Naled @ 1.00 oz./acre
 - d) ~~Supply Naled in 30 gallon drums (Pesticide in 30 gallon drums is purchased from Service Provider if County's Administrative Agent cancels aerial mission after delivery, to be used at the next aerial mission). (removed per Amendment #1)~~

Note: The County will supply the chemicals

COUNTY ADMINISTRATIVE AGENT FOR THIS CONTRACT:

SEMINOLE COUNTY MOSQUITO CONTROL
 Address: 177 Bush Loop, Sanford, Florida 32773
 Phone: (407) 665-6568
 FAX: (407) 665-6634
 Email: kdeutsch@seminolecountvfl.gov

Kelly Deutsch, Principal Scientist

RFP-600650-09/OMG
MATERIALS AND PRICE SCHEDULE
REVISED PER ADDENDUM #2

APPLICATION WITH PESTICIDE PROVIDED (Service Provider provides the chemicals) **	Cost Per Acre
Naled* - Pesticide & application applied at 0.50 oz per acre	\$ 1.41
Naled* - Pesticide & application applied at 0.75 oz per acre	\$ 1.70
Naled* - Pesticide & application applied at 1.0 oz per acre	\$ 2.00

** Removed per Amendment #1 -- County will provide the chemicals

APPLICATION ONLY (County provides the chemicals)	Cost
Naled - Application only	\$ 0.82 /Per Acre Application
Naled - Pesticide only	\$ 150.45 /Per Gallon removed per Amendment #1

*Service Provider shall provide a label and MSDS for all proposed pesticides with their submittal.

The SERVICE PROVIDER shall ensure that personnel assigned to perform services in this Agreement shall comply with all provisions in the agreement and that all data and information submitted to the COUNTY for Professional Services is accurate.

The SERVICE PROVIDER shall ensure that all key personnel; support personnel and other agents performing services under this Agreement are fully qualified and capable to perform their assigned tasks. Any change or substitution to the SERVICE PROVIDER'S KEY PERSONNEL as described in this Agreement must be approved, in writing, by the COUNTY'S ADMINISTRATIVE AGENT before said changes or substitutions can become effective. At the sole discretion of the COUNTY'S ADMINISTRATIVE AGENT, the COUNTY shall have the right to require the SERVICE PROVIDER to remove personnel assigned at any level for the performance of work.

Proposer Name: Vector Disease Control Inc.
Malcom Williams

Consent**6/23/2009****Item #**

**SEMINOLE COUNTY GOVERNMENT
AGENDA MEMORANDUM****SUBJECT: RFP-600650-09/GMG – Term Contract for Mosquito Control Aerial Adulticiding Services****DEPARTMENT: Administrative Services****DIVISION: Purchasing and Contracts****AUTHORIZED BY: Frank Raymond****CONTACT: Gloria Garcia****EXT: 7123****MOTION/RECOMMENDATION:**

Award RFP-600650-09/GMG – Term Contract for Mosquito Control Aerial Adulticiding Services to Vector Disease Control, Inc., DeWitt, Arkansas (Primary Contractor), and Clarke Environmental Mosquito Management, Inc., Kissimmee (Secondary Contractor)

County-wide

Ray Hooper

BACKGROUND:

RFP-600650-09/GMG will provide for professional services for the County's mosquito control program by providing aerial insecticide application support in Seminole County on an as needed basis to control adult mosquitoes on specific source locations. The COUNTY expects to treat 61,440 acres per year. Annual aerial Adulticiding applications may increase gradually during the ensuing three (3) year period. Aerial Adulticiding in Seminole County may increase as the need arises. Additional aerial mosquito treatment areas may be identified during the contract. The project was publicly advertised and the County received two (2) submittals in response to the solicitation. • Clarke Environmental Mosquito Management, Inc., Kissimmee • Vector Disease Control, Inc., DeWitt, AR The Evaluation Committee which consisted of Edward Horvath, Principal Environmental Scientist, Public Works Department/Roads-Stormwater Division and Owen Reagan, Project Manager/Principal Engineer, Public Works /Roads-Stormwater Division, evaluated the proposals. Consideration was given to personnel and firm qualifications and credentials; management plan and technical plan and proposed fee schedule. The agreements shall take place on the date of the execution by the County and shall run for a period of three (3) years and, at the sole option of the County, may be renewed for three (3) successive one (1) year periods. Authorization for performance of services by the Contractors under this agreement shall be in the form of written Release Orders issued and executed by the County. The estimated annual budget for this project is \$60,000.00.

STAFF RECOMMENDATION:

Staff recommends that the Board to award RFP-600650-09/GMG – Term Contract for Mosquito Control Aerial Adulticiding Services to Vector Disease Control, Inc., DeWitt, Arkansas (Primary Contractor) and Clarke Environmental Mosquito Management, Inc. Kissimmee (Secondary Contractor)

SUBMIT PROPOSALS TO: Seminole County 1101 E. 1st Street, Room 3208 Sanford, Florida 32771 Attn.: PURCHASING DIVISION	REQUEST FOR PROPOSALS and Proposer Acknowledgment
Contact: Gloria M. Garcia, CPPB Senior Procurement Analyst 407-665-7123 - Phone 407-665-7956 - Fax ggarcia@seminolecountyfl.gov	RFP-600650-09/GMG Term Contract for Mosquito Control Aerial Adulticiding Services
Proposal Due Date: April 29, 2009 Proposal Due Time: 2:00 PM EST	Location of Public Closing: County Services Building, Room #3208 1101 E. 1st Street, Sanford, Florida 32771
Proposer Name:	Federal Employer ID Number or SS Number:
Mailing Address:	If returning as a "No Submittal", state reason (if so, return only this page):
City, State, Zip:	
Type of Entity: <i>(Circle one)</i> Corporation Partnership Proprietorship Joint Venture	X _____ Authorized Signature (Manual)
Incorporated in the State of:	
Telephone Number:	Typed Name:
Toll Free Telephone Number: (800)	Title:
Fax Number:	Date:

**THIS FORM MUST BE COMPLETED AND RETURNED WITH
YOUR PROPOSAL**

The Applicant is expected to completely analyze the information contained in this Request for Proposals as guidance for the preparation of the submittal. The Applicant's submittal shall be sufficiently specific, detailed, and complete to clearly and fully demonstrate the Applicant's understanding of the proposed work requirements.

Section 1 – Description of Services – Scope of Work

Seminole County is currently soliciting proposals for a term contract to provide professional services for the County's Mosquito Control Program, by providing aerial insecticide application support in Seminole County on an as needed basis. The professional services will include, but not limited to:

- I. **AERIAL SERVICES: Task 2 - Aerial Adulticiding:** To control adult mosquitoes will generally be limited to specific source locations identified in Seminole County. The COUNTY expects to treat 61,440 acres per year. Annual aerial Adulticiding applications may increase gradually during the ensuing three (3) year period. Aerial Adulticiding in Seminole County may increase as the need arises. Additional aerial mosquito treatment areas may be identified during the contract. The specific locations and frequency of insecticide application shall be determined at the sole discretion of the COUNTY. Global positioning system (GPS) coordinates of all sites will be provided by the COUNTY to the SERVICE PROVIDER. During the term of this agreement the COUNTY, at its sole discretion, may add, delete or modify portions of the work scope functions. There is no guarantee that the approximate acres will be conducted during the year.

II. **BASIC SERVICES**

A. ***The Service Provider shall:***

1. Have one (1) aircraft capable of being equipped to apply the mosquito adulticides specified in this Agreement in accordance with the label directions and all rules and regulations of the Florida Department of Agriculture and Consumer Services' Bureau of Entomology and Pest Control and the U.S. Environmental Protection Agency.
2. Have the capabilities of receiving and opening an e-mail version of the target area map as delineated on the COUNTY's Geographic Information System (GIS) and a facsimile transmission of the map.
3. Provide all ground support for routine applications in order to conduct missions within 48 hours.
4. Comply with all Federal Aviation Administration (FAA) regulations, inclusive of applicable Federal Air Regulations (F.A.R) 137 that may apply when providing services under the performance of this Agreement.
5. Confirm in writing. conferences, telephone conversations, consultations and meetings in which SERVICE PROVIDER is a party which resolves or establishes a question of scope, a design element or other consideration of this agreement. Copies of these minutes shall be provided to all attendees/participants and to persons identified on the COUNTY'S distribution list within seven (7) calendar days.
6. Provide written responses to all the COUNTY's written comments within fifteen (15) calendar days.
7. Conduct operation within the window of time provided by the COUNTY. During the mosquito season, generally April through October, Service Provider shall be available to perform services twenty-four (24) hours per day, seven (7) days per week. During the non-mosquito season an alternate time period may be mutually agreed to in writing by the County's Administrative Agent and Service Provider.
8. Provide a report including all aspects of the treatment mission within 24 hours of completion. Provide raw GIS data for County GIS records and County use, along

with any software and mission data needed to process and review the missions, all of which needs to be compatible with the County's current system.

B. Aircraft

1. All aircraft provided by Service Provider pursuant to this Agreement shall be operated and maintained by Service Provider at no additional cost to the COUNTY.
2. All aircraft used by Service Provider to perform professional services identified in this Agreement must conform to all FAA rules and regulations.
3. All Service Provider's aircraft shall be equipped with a Global Positioning System (GPS) capable to record on a map of Seminole County in a digital format compatible with the Geographic Information System of Seminole County Mosquito Management Services. The flight path of the aircraft must be within thirty (30) feet of its actual flight path, when pesticide is being released and when it is not being released.
4. The electronic copy of each mission record shall be provided by SERVICE PROVIDER to the County's Administrative Agent within 24 hours after mission is completed.
5. Service Provider shall notify County's Administrative Agent no later than 07:30 hours on the morning following the mission by e-mail or facsimile as to the completion status of each task indicated on the work for Release Order.

C. Pilots

All Pilots employed by Service Provider shall maintain all certifications required by FAA and as described in Chapter 388 F.S. and F.A.C. 5E-13 for aerial Public Health Pest Control. Service Provider shall provide written proof of current certifications for all Pilots who provide services under this Agreement.

III. RESPONSIBILITIES OF THE COUNTY

- A. All Release Orders for Services, or instructions provided to the Service Provider by the County's Administrative Agent, or his/her designee, shall be in writing and transmitted by electronic mail or facsimile transmission.
- B. Duties and responsibilities of the County's Administrative Agent:
 1. Shall provide a forty-eight (48) hour notice for the Service Provider to prepare for a mission.
 2. Shall provide Service Provider, no later than twenty-four (24 hours) prior to any time the mission is scheduled to commence, with an electronic copy or hard copy of the Work Order for Services. The Work Order for Services will include the spray area (s), the date (s) and time (s) of desired applications, and any additional information that will increase the safety margin of the mission.
 3. Shall determine the pesticide formulation and application rates and methods to be used by Service Provider for the pesticides identified in Exhibit A of this Agreement.
 4. May use any pesticide formulation and application rate identified in Exhibit A.
 5. Shall provide liaison contact information for Service Provider during all aerial applications and may provide ground support in special cases as determined jointly by the County's Administrative Agent and Service Provider, and during emergency situations.

IV. **DEFINITIONS:** Whenever in this Agreement the following terms are used they shall have the meaning hereinafter set forth unless specifically noted otherwise in the text.

- A. **AERIAL ADULTICIDING:** The aerial application of insecticides to control adult mosquitoes.
- B. **ADULTICIDE:** A pesticide used for the control of adult mosquitoes. Naled is the referenced Adulticide in the Scope of Services.
- C. **COUNTY'S ADMINISTRATIVE AGENT:** The person designated by the COUNTY to provide direct interface with the Service Provider with respect to the COUNTY's responsibilities under this Agreement. Namely the County Mosquito Control Program Manager.
- D. **COUNTY:** Seminole County Government and its staff members assigned to this Project.
- E. **CONTRACT TASKS: TASK 2 - Aerial Adulticiding**
- F. **ELECTRONIC COMMUNICATION:** By e-mail or facsimile.
- G. **SERVICE PROVIDER:** Firm to provide professional mosquito control services.
- H. **PILOT:** Person hired by Service Provider who is an FAA certified licensed pilot and is certified as described in Chapter 388 F.S. and 5E-13 F.A.C. for aerial Public Health Pest Control who provides services under this Agreement.
- I. **PROJECT:** All professional services to assist the COUNTY'S Mosquito Management Services by providing aerial and ground insecticide application support and an aerial reconnaissance capability in Seminole County on an as needed basis.
- J. **PROJECT TEAM:** The County's Administrative Agent and Service Provider who shall work jointly during the term of the Agreement.
- K. **WORK:** All the professional aerial and ground insecticide applications to control immature and adult mosquitoes, aerial surveillance and responsibilities to be performed by Service Provider, specified or stated by this Agreement, including all the supervision of Service Provider personnel necessary or required to perform under this Agreement.

V. **ORGANIZATION MEETINGS AND IMPLEMENTATION SCHEDULE**

- A. The initial organization meeting between Service Provider and COUNTY'S Project Management Team will be scheduled within five (5) working days after the execution of the agreement. The date and time of said meeting will be determined by mutual consent between Service Provider and the COUNTY'S Administrative Agent. The meeting will include prior preparation by Service Provider.
- B. Implementation Schedule: Within fifteen (15) calendar days after issuance of the NTP, the Service Provider shall deliver to the COUNTY an Implementation Schedule with specific dates for approval by the County's Administrative Agent. The Implementation Schedule shall also include the specific calendar dates for the delivery or completion of all documents, and reports required for this Agreement.

VI. **WORK PLAN:** At the conclusion of each contract year, Service Provider shall prepare a written report in both hard copy and electronic formats. Said report shall summarize the key tasks completed and highlight performance data in the performance of the work. The written report and materials (e.g., statistical data, maps, seasonal data, project notebooks, graphics, drawings, schedules, etc.) shall be in a manner and form

determined by the County's Administrative Agent. Service Provider shall provide to COUNTY four (4) copies of each report of which one (1) copy shall be unbound and in reproducible form for printing by COUNTY for distribution.

- VII. **WORK PLAN:** The Project Work Plan shall be provided by the Service Provider and includes the following:

Aerial Services: Provide aerial insecticide application and an aerial reconnaissance capability in Seminole County on an as needed basis.

The specific locations and frequency of insecticide application shall be determined at the sole discretion of the County's Administrative Agent.

- VIII. **WORK TASKS:**

Task 2 - Aerial Adulticiding: The aerial application of insecticides to control adult mosquitoes. Work details to include but not be limited to the following Elements:

1. Provide aerial adulticide application services as directed by the County's Administrative Agent. The County's Administrative Agent will notify Service Provider by e-mail or facsimile of the need for the services no less than twenty-four (24) hours before the time indicated on the work order.
2. Provide and/or apply one or more of the following pesticides at the indicated rate as directed by the County's Administrative Agent:
 - a) Apply Naled @ 0.50 oz./acre.
 - b) Apply Naled @ 0.75 oz./acre
 - c) Apply Naled @ 1.00 oz./acre
 - d) Supply Naled in 30 gallon drums (Pesticide in 30 gallon drums is purchased from Service Provider if County's Administrative Agent cancels aerial mission after delivery, to be used at the next aerial mission).

COUNTY ADMINISTRATIVE AGENT FOR THIS CONTRACT:

SEMINOLE COUNTY MOSQUITO CONTROL

Address: 177 Bush Loop, Sanford, Florida 32773

Phone: (407) 665-5568

FAX: (407) 665-5634

Email: ehorvath@seminolecountyfl.gov

Edward Horvath, Program Manager

Section 2

General Conditions, Instructions and Information for Proposers

CONTACT: All prospective Proposers are hereby instructed not to contact any member of the Seminole County Board of County Commissioners, County Manager, or Seminole County Staff members other than the noted contact person regarding this RFP or their proposal at any time prior to the posting on the Web Site of the final evaluation and recommended ranking by County staff for this project. Any such contact shall be cause for rejection of your proposal.

PUBLIC CLOSING: Proposals shall be received at the Purchasing Division at the above referenced address by the specified time and date. As soon as possible thereafter the names of the Proposers shall be read aloud at the specified location. Persons with disabilities needing assistance to participate in the Public Closing should call the contact person at least 48 hours in advance of the Public Closing at 665-7123.

DELAYS: The COUNTY, at its sole discretion, may delay the scheduled due dates indicated above if it is to the advantage of the COUNTY to do so. The COUNTY will notify Proposers of all changes in scheduled due dates by posting the notification in the Purchasing and Contracts Web Site.

PROPOSAL SUBMISSION AND WITHDRAWAL: The COUNTY will receive proposals at the above address. The outside of the envelope/container must be identified with the RFP Number and title as stated above. The envelope/container must also include the Proposer's name and return address. Receipt of the proposal in the Purchasing Division after the time and date specified due to failure by the Proposer to provide the above information on the outside of the envelope/container shall result in the rejection of the proposal.

Proposals received after the specified time and date shall be returned unopened. The time and date will be scrupulously observed. The COUNTY will not be responsible for late deliveries or delayed mail. The time/date stamp clock located in the Purchasing Division shall serve as the official authority to determine lateness of any proposal. The COUNTY cautions Proposers to assure actual delivery of mailed or hand-delivered proposals prior to the deadline set for receiving proposals. Telephone confirmation of timely receipt of the proposal may be made by calling (407) 665-7123, before the 2:00 deadline.

Proposers shall submit **SIX (6) COMPLETE SETS** (one [1] original and FIVE [5] copies) of the complete proposal with all supporting documentation in a sealed envelope/container marked as noted above. **Please avoid the use of plastic three-ring or spiral binders, laminated covers and inserts when preparing bid submittals.** The Proposer may submit the proposal in person or by mail. Proposers may withdraw their proposals by notifying the COUNTY in writing at any time prior to the time set for the proposal deadline. Proposers may withdraw their proposals in person or through an authorized representative. Proposers and authorized representatives must disclose their identity and provide a signed receipt for the proposal. Proposals, once opened, become the property of the COUNTY and will not be returned to the Proposers. No additional information may be submitted, or follow-up performed by any Proposer after the stated due date outside of a formal presentation to the Evaluation Committee.

INQUIRIES/INTERPRETATIONS: All Proposers shall carefully examine the RFP documents. Any ambiguities or inconsistencies shall be brought to the attention of the County Purchasing

and Contracts Division in writing prior to the due date; failure to do so, on the part of the Proposer, will constitute an acceptance by the Proposer of any subsequent decision. Any questions concerning the intent, meaning and interpretations of the RFP documents including the attached draft agreement, shall be requested in writing, and received by the County Purchasing and Contracts Division at least ten (10) business days prior to the due date. The County will not be responsible for any oral instructions made by any employee(s) of the COUNTY in regard to this RFP. Telephone No. 407-665-7123, Fax No. 407-665-7956. Oral statements given before the Proposal Due Date will not be binding.

ADDENDUM: Should revisions to the RFP documents become necessary; the COUNTY will post addenda information on the COUNTY's Web Site. All Proposers should check the COUNTY's Web Site or contact the COUNTY's Purchasing and Contracts Division at least seven (7) calendar days before the date fixed to verify information regarding Addenda. Failure to do so could result in rejection of the proposal as unresponsive. Proposer shall sign, date, and return the latest addendum with their Proposal. Previous addenda will be deemed received. Addenda information will be posted on the COUNTY's Web Site at www.seminolecountyfl.gov/purchasing. It is the sole responsibility of the Proposer to ensure he/she obtains information related to Addenda.

SELECTION PROCESS AND AWARD: All proposals will be evaluated by County staff in accordance with the criteria set forth in the RFP documents. The County may conduct interviews/presentations as part of the evaluation process. The County will not be liable for any costs incurred by the Proposer in connection with such presentations. The COUNTY anticipates award to the Proposer who submits the proposal judged by the COUNTY to be the most advantageous and offers the best value to the County. The Proposer(s) understands that this RFP does not constitute an agreement or a contract with the Proposer. The COUNTY reserves the right to reject all proposals, to waive any formalities, and to solicit and re-advertise for new proposals, or to abandon the project in its entirety.

PROPOSAL PREPARATION COSTS: Neither the COUNTY nor its representatives shall be liable for any expenses incurred in connection with preparation of a response to this RFP. Proposers should prepare their proposals simply and economically, providing a straightforward and concise description of the Proposer's ability to meet the requirements of the RFP.

ACCURACY OF PROPOSAL INFORMATION: Any Proposer which submits in its proposal to the COUNTY any information which is determined to be substantially inaccurate, misleading, exaggerated, or incorrect, shall be disqualified from consideration.

INSURANCE: Misrepresentation of any material fact, whether intentional or not, regarding the Proposer's insurance coverage, policies or capabilities may be grounds for rejection of the proposal and rescission of any ensuing contract. **Copy of the insurance certificate shall be furnished to the County prior to final execution of the Contract.**

LICENSES: Proposers, both corporate and individual, must be fully licensed and certified for the type of work to be performed in the **State of Florida** at the time of submittal of RFP. Should the Proposer not be fully licensed and certified, its proposal shall be rejected. Any permits, licenses, or fees required shall be the responsibility of the Proposer. No separate or additional payment will be made for these costs. Adherence to all applicable code regulations, Federal, State, County, City, etc., are the responsibility of the Proposer.

POSTING OF PROPOSAL AWARD: Recommendation for award will be posted for review by interested parties at the Purchasing Division bulletin board and the County's Web Page (www.seminolecountyfl.gov/fs/purchasing) prior to submission through the appropriate approval process. Failure to file protest to the Purchasing Manager within the time prescribed in the COUNTY's Purchasing Code and Procedures shall constitute a waiver of proceedings.

PUBLIC RECORDS: Upon award recommendation or ten (10) days after receiving, proposals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Proposers must invoke the exemptions to disclosure provided by law in the response to the RFP, and must identify the data or other materials to be protected, and must state the reasons why such exclusion from public disclosure is necessary.

PROHIBITION AGAINST CONTINGENT FEES: It shall be unethical for a person to be retained, or to retain any company or person, other than a bonafide employee working solely for the Consultant to solicit or secure this Agreement and that it has not paid or agreed to pay any person, company, corporation, individual or firm, other than a bonafide employee working solely for the Service Provider, any fee, commission, percentage, gift, or other consideration contingent upon or resulting from award or making of this Agreement. For the breach or violation of this provision, the COUNTY shall have the right to terminate the Agreement at its sole discretion, without liability and to deduct from the Agreement price, or otherwise recover, the full amount of such fee, commission, percentage, gift, or consideration.

ACCEPTANCE / REJECTION: Seminole County reserves the right to accept or reject any or all proposals and to make the award to those Proposers, who in the opinion of the County will be in the best interest of and/or the most advantageous to the County. Seminole County also reserves the right to reject the proposal of any vendor who has previously failed in the proper performance of an award or to deliver on time contracts of a similar nature or who, in the County's opinion, is not in a position to perform properly under this award. Seminole County reserves the right to inspect all facilities of Proposers in order to make a determination as to the foregoing. Seminole County reserves the right to waive any irregularities, informalities, and technicalities and may, at its discretion, request a re-procurement.

ADDITIONAL TERMS AND CONDITIONS: Unless expressly accepted by the County, only the terms and conditions in this document shall apply: No additional terms and conditions included with the proposal response shall be considered. Any and all such additional terms and conditions shall have no force and effect, and are inapplicable to this proposal if submitted either purposely through intent or design, or inadvertently appearing separately in transmittal letters, specifications, literature, price lists or warranties. It is understood and agreed that the general and/or any special conditions in these Proposal Documents are the only conditions applicable to this proposal and the Proposer's authorized signature on the Proposal Response Form attests to this. Exceptions to the terms and conditions will not be accepted.

PURCHASING CODE: The Purchasing Code and Procedures apply in its entirety with respect to this RFP.

AFFIRMATION: By submission of a proposal, Proposer affirms that his/her proposal is made without prior understanding, agreement or connection with any corporation, firm, or person submitting a proposal for the same materials, supplies, equipment or services, and is all respects fair and without collusion or fraud. Proposer agrees to abide by all conditions of this Request for Proposal and the resulting contract.

MISTAKES IN PROPOSAL: Proposers are expected to examine the terms and conditions, specifications, delivery schedule, proposal prices, extensions and all instructions pertaining to supplies and services. Failure to do so will be at Proposer's risk. In the event of extension error(s), the unit price will prevail and the Proposer's total offer will be corrected accordingly. Written amounts shall take precedence over numerical amounts. In the event of addition errors(s), the unit price, and extension thereof, will prevail and the Proposer's total offer will be corrected accordingly. Proposals having erasures or corrections must be initialed in ink by the Proposer.

DISQUALIFICATION OF PROPOSER: More than one proposal from an individual, firm, partnership, corporation, or association under the same or different names will not be considered. Reasonable grounds for believing that a Proposer is involved in more than one proposal submittal will be cause for rejection of all proposals in which such Proposers are believed to be involved. Any or all proposals will be rejected if there is reason to believe that collusion exists between Proposers. Proposals in which the prices obviously are unbalanced will be subject to rejection.

GOVERNMENTAL RESTRICTIONS: In the event that any governmental restrictions are imposed which would necessitate alteration of the material quality, workmanship or performance of the items offered on this proposal prior to their delivery, it shall be the responsibility of the Proposer to notify the Purchasing and Contracts Division at once, indicating in his/her letter the specific regulation which required an alteration, including any price adjustments occasioned thereby. The County reserves the right to accept such alteration or to cancel the contract or purchase order at no further expense to the County.

PURCHASING AGREEMENTS WITH OTHER GOVERNMENT AGENCIES: All Proposers submitting a response to this Request for Proposals agree that such response also constitutes a proposal to all governmental agencies within the State of Florida, under the same conditions, for the same contract price, and for the same effective period as this proposal, should the Proposer feel it is in their best interest to do so. Each governmental agency desiring to accept these proposals, and make an award thereof, shall do so independently of any other governmental agency. Each agency shall be responsible for its own purchases and each shall be liable only for materials and/or services ordered and received by it, and no agency assumes any liability by virtue of this proposal. This agreement in no way restricts or interferes with the right of any governmental agency to re-proposal any or all items.

ADVERTISING: In submitting a proposal, Proposer agrees not to use the results there from as a part of any commercial advertising, without the express written approval, by the appropriate level of authority within the County.

PRICE REDETERMINATION – FUEL: The Contractor may petition the Purchasing and Contracts Manager for price re-determination if/when the price of fuel increases by a minimum of ten (10%) percent. Any price re-determination will be solely based upon changes as documented by the Producer Price Index (PPI) for the commodity "Gasoline - WPU0571" or "#2 diesel fuel - WPU057303" as published by the Bureau of Labor Statistics, which can be found on-line at <http://stats.bls.gov>. The base index number will be the month of the due date of the solicitation. Subtracting the base index number from the current index number and dividing the result by the base index number calculates the maximum percentage increase allowed. Any price re-determination will include all items awarded. If the County and the bidder cannot agree on any price re-determination, then the contract will expire. Vendors shall provide documentation to illustrate what percentage of the price is related to fuel, as the increase shall

be calculated based upon the percentage of the cost associated to the cost of fuel (see example below). Failure to provide the detailed cost analysis with each request for a price re-determination due to fuel price escalation shall preclude any price re-determination due to fuel costs.

Example:

- Fourteen (14%) percent of the cost to provide product/service is attributed to the cost of fuel.
- PPI in the month the solicitation closed was \$158.73 264.52
- Current PPI is \$264.52 -158.73
- 105.79
- \$105.79 divided by \$158.73 = .666%
- The unit cost of the service is \$100.00
- 14% of \$100.00 = \$14.00
- \$14.00 x .666 = \$9.32
- New unit price for the product/service is \$109.32

If the Purchasing and Contracts Manager grants an increase in the contract price based upon increases in gasoline and/or diesel prices, then the Manager may also adjust the contract price downward if the cost of gasoline and/or diesel decreases by ten percent (10%) or more from the date of the last increase in the contract price. This clause may be used in addition to any other price re-determination clause in this invitation. If the County and the proposer cannot agree on any price re-determination, then the contract will expire without prejudice thirty (30) days after the impasse is reached.

Section 3 – Instructions for the preparation of Proposals

The Proposer(s) warrants its response to this Request for Proposals to be fully disclosed and correct. The firm must submit a proposal complying with this request for proposals, and the information, documents and material submitted in the proposal must be complete and accurate in all material aspects. All proposals must contain direct responses to the following questions or requests for information and be organized so that specific questions being responded to are readily identifiable and in the same sequence as outlined below. Proposers are advised to carefully follow the instructions listed below in order to be considered fully responsive to this RFP. Proposers are further advised that lengthy or overly verbose or redundant submissions are not necessary. Compliance with all requirements will be solely the responsibility of the Proposer. Failure to provide requested information may result in disqualification of response.

The proposal must be divided into four (4) sections with references to parts of this RFP done on a section number/paragraph number basis. The four (4) sections shall be named:

1. Required submittals
2. Personnel and Firm Qualifications and Credentials
3. Management Plan and Technical Plan
4. Fee Schedule

1. **REQUIRED SUBMITTALS:**

Letter of Transmittal: The proposal letter shall be addressed to the County Purchasing and Contracts Division and shall include at a minimum the following:

- Name of Individual, Partnership, Company, or Corporation submitting proposal;
- County's Request for Proposal (RFP) number;
- Statement that all terms and conditions of the RFP are understood and acknowledged by the undersigned;
- Signature(s) or representative(s) legally authorized to bind the Proposer.

Corporate Information: If a Proposer is a corporation, it must be certified with the Florida Secretary of State and have a corporate status in good standing, and in the case of out-of-state corporation, they must present evidence of authority to do business in the State of Florida.

Summary of Litigation: Provide a summary of any litigation, claim(s), or contract dispute(s) filed by or against the Proposer in the past five (5) years which is related to the services that Proposer provides in the regular course of business. The summary shall state the nature of the litigation, claim or contract dispute, a brief description of the case, the outcome or projected outcome, and monetary amounts involved.

License Sanctions: List any regulatory or license agency sanctions within the past 5 years.

Bidder's Certification: See form included in this package.

Conflict of Interest Statement: See form included in this package.

Compliance with the Public Records Law: Form included in this package.

Drug-Free Workplace: Form included in this package.

Taxpayer Identification Number (W-9 Form): Form included in this package

2. **PERSONNEL AND FIRM QUALIFICATIONS AND CREDENTIALS:**

The Service Provider shall ensure that all key personnel; support personnel and other agents performing services under this Agreement are fully qualified and capable to perform their assigned tasks. Any change or substitution to the Service Provider's Key Personnel as presented by the Applicant must be approved in writing by the County's Administrative Agent before said changes or substitutions can become effective. At the sole discretion of the County's Administrative Agent, the COUNTY shall have the right to require the Service Provider to remove personnel assigned at any level for the performance of work. The Proposer shall include qualifications and past performance of the firm/individual(s) who will provide the services. The submission must include, but not limited to:

- A. List of references for which your company provided similar services as requested in this RFP. List the names of the client (name, address, telephone number, fax numbers and the title of position that was filled by your company). The list should include brief description of similar work satisfactorily completed, including location, dates of contracts, names and addresses of clients/owners, and contact person.
- B. Applicant shall identify key personnel and assigned Project Manager that will be responsible for the County's account, phone numbers, fax numbers, e-mail addresses. Applicant must include statement of credentials, education, experience, certifications and all pertinent information to demonstrate their capabilities.
- C. Provide copies of any and all applicable licenses and certifications to demonstrate that Applicant is qualified to perform the required services.
- D. Provide a listing of your individual/firm current and projected workload. The Proposer shall include a graph or other informational diagram/format indicating the allocated and available man-hours. Indicate commitment of staff available for this project.

3. **MANAGEMENT PLAN AND TECHNICAL PLAN:**

Proposer shall explain the Scope of Services as understood by the Proposer, detail the approach of work and activities to be undertaken in providing the aerial larviciding services. The proposal shall include, but not limited to, the following information:

- A. The Applicant shall include description of the work procedures, equipment and resources to be utilized in the aerial larviciding services.
- B. The Applicant shall provide information related to the company quality control program and describe how the County will benefit from the selection of their firm.
- C. Applicant shall detail their approach to work. Applicant should identify cost savings and time savings concepts that have been utilized by the company and that may be utilized under this Agreement.

4. **FEE SCHEDULE:**

Using the attached form, *Fee Schedule*, the Proposer shall present the financial proposal for providing the Proposed Services. Price Proposals not submitted on the Attached Form shall render the Proposal unresponsive.

Section 4 – Evaluation of Proposals

The COUNTY will appoint a committee consisting of members of its staff to evaluate proposals and to recommend, to the proper level of authority, the Proposer which meets the best interests of the COUNTY. The COUNTY shall be the sole judge of its own best interests, the proposals, and the resulting agreement. The COUNTY's decisions will be final. Award will be made to the proposal which presents the best value to the COUNTY based on the entire evaluation process and all the information gathered.

EVALUATION FACTORS:

Personnel and Firm Qualifications and Credentials - 35 Weighted Points

- Delineated personnel and firm experience
- Credentials – certifications, licenses
- Past performance record
- Current Workload and staff and equipment availability

Management Plan and Technical Plan – 35 Weighted Points

- Work Procedures
- Approach to Work
- Quality Control program

Fee Schedule - 30 Weighted Points

EVALUATION METHOD:

- 7 – 9 = Exceeds Requirements
 4 – 6 = Meets Requirements
 1 – 3 = Does Not Meet Requirements
 0 = Does Not Comply with Requirements

- Exceeds requirements:** Proposal exceeds the requirements in a way that benefits the County or meets the requirements and has enhancing features benefit the County.
- Meets requirements:** Proposal meets the County requirements. Any weakness is minor.
- Does not meet requirements:** Proposal contains weaknesses or minor deficiencies which could have an impact, if accepted.
- Does not comply:** Proposal does not comply substantially with the requirements.

The submittals will be evaluated on:

- Strengths:** Those areas in which the proposal exceeds the County's requirements.
- Weaknesses:** Those areas where the proposal lack soundness or effectiveness which could prevent fully successful performance of the contract.
- Deficiencies:** Those areas where the proposal fails to meet the County's requirements.

**Section 5
Cost Proposal**

PROJECT: MOSQUITO CONTROL AERIAL ADULTICIDING SERVICES

COUNTY CONTRACT NO. RFP-600650-09/GMG

Name of Proposer: _____

Mailing Address: _____

Street Address: _____

City/State/Zip: _____

Phone Number: (_____) _____

FAX Number: (_____) _____

Pursuant to and in compliance with the Request for Proposals, Instructions to Proposers, and the other documents relating thereto, the undersigned Proposer, having familiarized himself with the terms of the Contract Documents, local conditions affecting the performance of the Work, and the cost of the Work at the places where the Work is to be done, hereby proposes and agrees to perform the Work and complete in a workmanlike manner, all of the Work required in connection with the required services, all in strict conformity Contract Documents, including Addenda Nos. ____ through____, on file at the Purchasing Division for the amount hereinafter set forth.

The undersigned, as Proposer, declares that the only persons or parties interested in this proposal as principals are those named herein; that this proposal is made without collusion with any person, firm or corporation; and he proposes and agrees, if the proposal is accepted, that he/she will execute an Agreement with the COUNTY in the form set forth in the Contract Documents; that he/she will furnish Insurance Certificates, that he is aware that failure to properly comply with the requirements set out in the "Instructions to Proposers" and elsewhere in the Contract Documents may result in a finding that the Proposer is non-responsive.

IN WITNESS WHEREOF, PROPOSER has hereunto executed this FORM this _____ day of _____, 20_____.

(Signature of person signing FORM)

(Printed name of person signing FORM)

(Title of person signing FORM)

RFP-600650-09/GMG
MATERIALS AND PRICE SCHEDULE

APPLICATION WITH PESTICIDE PROVIDED (Service Provider provides the chemicals)	Cost Per Acre
Naled* - Pesticide & application applied at 0.50 oz per acre	\$
Naled* - Pesticide & application applied at 0.75 oz per acre	\$
Naled*- Pesticide & application applied at 10lbs per acre	\$
Granular (Bti)* - Pesticide & application applied at 1.00 oz per acre	\$

APPLICATION ONLY (County provides the chemicals)	Cost
Naled - Application only	\$ _____ /Per Acre Application
Naled - Pesticide only	\$ _____ /Per Gallon

*Service Provider shall provide a label and MSDS for all proposed pesticides with their submittal.

The SERVICE PROVIDER shall ensure that personnel assigned to perform services in this Agreement shall comply with all provisions in the agreement and that all data and information submitted to the COUNTY for Professional Services is accurate.

The SERVICE PROVIDER shall ensure that all key personnel; support personnel and other agents performing services under this Agreement are fully qualified and capable to perform their assigned tasks. Any change or substitution to the SERVICE PROVIDER'S KEY PERSONNEL as described in this Agreement must be approved, in writing, by the COUNTY'S ADMINISTRATIVE AGENT before said changes or substitutions can become effective. At the sole discretion of the COUNTY'S ADMINISTRATIVE AGENT, the COUNTY shall have the right to require the SERVICE PROVIDER to remove personnel assigned at any level for the performance of work.

Proposer Name: _____

Service Provider Key Personnel:

Name: _____

Phone Number: (____) _____ FAX Number: (____) _____

E-Mail Address: _____

Name: _____

Phone Number: (____) _____ FAX Number: (____) _____

E-Mail Address: _____

Name: _____

Phone Number: (____) _____ FAX Number: (____) _____

E-Mail Address: _____

Name: _____

Phone Number: (____) _____ FAX Number: (____) _____

E-Mail Address: _____

Name: _____

Phone Number: (____) _____ FAX Number: (____) _____

E-Mail Address: _____

Name: _____

Phone Number: (____) _____ FAX Number: (____) _____

E-Mail Address: _____

Proposer Name: _____

Attachment A
PROPOSER'S CERTIFICATION

I have carefully examined the Request for Proposal, Instructions to Proposers, General and/or Special Conditions, Vendor's Notes, Specifications, proposed agreement and any other documents accompanying or made a part of this Request for Proposal.

I hereby propose to furnish the goods or services specified in the Request for Proposal at the prices, rates or discounts quoted in my proposal. I agree that my proposal will remain firm for a period of up to one hundred twenty (120) days in order to allow the County adequate time to evaluate the proposals.

I agree to abide by all conditions of this proposal and understand that a background investigation may be conducted by the Seminole County Sheriff's Department prior to award.

I certify that all information contained in this proposal is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this proposal on behalf of the vendor/contractor as its act and deed and that the vendor/contractor is ready, willing and able to perform if awarded the contract.

I further certify, under oath, that this proposal is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a proposal for the same product or service; no officer, employee or agent of the Seminole County Government or of any other Proposer interested in said proposal; and that the undersigned executed this Proposer's Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

Name of Business

By:

Signature

Name & Title, Typed or Printed

Mailing Address

City, State, Zip Code

() _____
Telephone Number

Sworn to and subscribed before me

This _____ day of _____
20

Signature of Notary

Notary Public, State of _____

Personally Known

-OR-

Produced Identification _____

Type: _____

Attachment B
Conflict of Interest Statement

STATE OF FLORIDA)
) ss
COUNTY OF _____)

Before me, the undersigned authority, personally appeared _____, who was duly sworn, deposes, and states:

1. I am the _____ of _____ with a local office in _____ and principal office in _____.
2. The above named entity is submitting an Expression of Interest for the Seminole County project described as **RFP-600650-09/GMG--Term Contract for Mosquito Control Aerial Adulticiding Services**
3. The Affiant has made diligent inquiry and provides the information contained in this Affidavit based upon his own knowledge.
4. The Affiant states that only one submittal for the above project is being submitted and that the above named entity has no financial interest in other entities submitting proposals for the same project.
5. Neither the Affiant nor the above named entity has directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive pricing in connection with the entity's submittal for the above project. This statement restricts the discussion of pricing data until the completion of negotiations and execution of the Agreement for this project.
6. Neither the entity nor its affiliates, nor any one associated with them, is presently suspended or otherwise ineligible from participating in contract lettings by any local, state, or federal agency.
7. Neither the entity, nor its affiliates, nor any one associated with them have any potential conflict of interest due to any other clients, contracts, or property interests for this project.
8. I certify that no member of the entity's ownership, management, or staff has a vested interest in any aspect of or Department of Seminole County.
9. I certify that no member of the entity's ownership or management is presently applying for an employee position or actively seeking an elected position with Seminole County.
10. In the event that a conflict of interest is identified in the provision of services, I, on behalf of the above named entity, will immediately notify Seminole County in writing.

DATED this _____ day of _____, 20_____.

Name of Affiant _____ Typed
Title _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Personally known _____

OR Produced identification _____ Notary Public - State of _____

(Type of identification) _____ My commission expires _____

(Printed typed or stamped
commissioned name of notary public)

Attachment C
Compliance with the Public Records Law

Upon award recommendation or ten (10) days after receiving, submittals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Proposers must invoke the exemptions to disclosure provided by law in the response to the solicitation, and must identify the data or other materials to be protected, and must state the reasons why such exclusion from public disclosure is necessary. The submission of a proposal authorizes release of your firm's credit data to Seminole County.

If the company submits information exempt from public disclosure, the company must identify with specificity which pages/paragraphs of their bid/proposal package are exempt from the Public Records Act, identifying the specific exemption section that applies to each. The protected information must be submitted to the County in a separate envelope marked accordingly.

By submitting a response to this solicitation, the company agrees to defend the County in the event we are forced to litigate the public records status of the company's documents.

Company Name: _____

Authorized representative (printed): _____

Authorized representative (signature): _____

Date: _____

Project Number: RFP-600650-09/GMG

THIS FORM MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

Attachment D
Drug-Free Work Place Form

The undersigned vendor in accordance with Florida statute 287.087 hereby certifies that _____ does:

(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under proposal, the employee will propose by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Authorized Signature

Attachment E
Request for Taxpayer Identification Number and Certification
(W-9 Form)

PURCHASING AND CONTRACTS DIVISION
NEW VENDOR REQUISITION FORM

DATE: _____

VENDOR # _____

VENDOR NAME: _____

VENDOR ADDRESS: _____

(address for P.O.'s) _____

MAILING ADDRESS: _____

(address for payments) _____

CONTACT PERSON: _____

PHONE NUMBER: _____

FAX NUMBER: _____

FEDERAL TAX ID NUMBER: _____

COMMENTS: _____

REQUESTED BY: _____

PURCHASING

EXTENSION: _____

ENTERED BY: _____

COUNTY FINANCE

NOTE: W-9 FORM SHALL BE INCLUDED WITH THIS FORM.
INCOMPLETE FORM WILL NOT BE PROCESSED.***

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	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
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. 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								
or								
Employer identification number								

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

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. person (including a U.S. resident alien).

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 ▶
------------------	----------------------------	--------

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.

U.S. person. 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.

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.

Foreign person. If you are a foreign person, use the appropriate Form W-8 (see **Pub. 515**, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Attachment F
Draft Agreement**

**DRAFT TERM CONTRACT FOR MOSQUITO CONTROL AERIAL ADULTICIDING SERVICES
(IFB-600650-09/GMG)**

THIS AGREEMENT is made and entered into this _____ day of _____, 20____, by and between _____, duly authorized to conduct business in the State of Florida, whose address is _____, hereinafter called "CONTRACTOR", and **SEMINOLE COUNTY**, a political subdivision of the State of Florida, whose address is Seminole County Services Building, 1101 East First Street, Sanford, Florida 32771, hereinafter called "COUNTY".

W I T N E S S E T H:

WHEREAS, COUNTY desires to retain the services of a competent and qualified contractor to provide mosquito control aerial adulticiding services for Seminole County; and

WHEREAS, COUNTY has requested and received expressions of interest for the retention of services of contractors; and

WHEREAS, CONTRACTOR is competent and qualified to provide services according to the terms and conditions stated herein,

NOW, THEREFORE, in consideration of the mutual understandings and covenants set forth herein, COUNTY and CONTRACTOR agree as follows:

SECTION 1. SERVICES. COUNTY does hereby retain CONTRACTOR to furnish services as further described in the Scope of Services attached hereto as Exhibit A and made a part hereof. CONTRACTOR shall also be bound by all requirements as contained in the solicitation package and all addenda thereto. Required services shall be specifically enumerated, described, and depicted in the Purchase Orders authorizing specific services. This Agreement standing alone does not authorize services or require COUNTY to place any orders for work.

SECTION 2. TERM. This Agreement shall take effect on the date of its execution by COUNTY and shall run for a period of three (3) years.

At the sole option of COUNTY, this Agreement may be renewed for three (3) successive periods not to exceed one (1) year each. Expiration of the term of this Agreement shall have no effect upon Purchase Orders issued pursuant to this Agreement and prior to the expiration date. Obligations entered therein by both parties shall remain in effect until delivery and acceptance of the services authorized by the Purchase Order. The first three (3) months of the initial term shall be considered probationary. During the probationary period, COUNTY may immediately terminate this Agreement at any time, with or without cause, upon written notice to CONTRACTOR.

SECTION 3. AUTHORIZATION FOR SERVICES. Authorization for provision of services by CONTRACTOR under this Agreement shall be in the form of written Purchase Orders issued and executed by COUNTY and signed by CONTRACTOR. A sample Purchase Order is attached hereto as Exhibit B. Each Purchase Order shall describe the services required and shall state the dates for performance of services and establish the amount and method of payment. The Purchase Orders will be issued under and shall incorporate the terms of this Agreement. COUNTY makes no covenant or promise as to the number of available Purchase Orders or that CONTRACTOR will perform any Purchase Order for COUNTY during the life of this Agreement. COUNTY reserves the right to contract with other parties for the services contemplated by this Agreement when it is determined by COUNTY to be in the best interest of COUNTY to do so.

SECTION 4. TIME FOR COMPLETION. The services to be provided by CONTRACTOR shall be performed, as specified in such Purchase Orders as may be issued hereunder, within the time specified therein.

SECTION 5. COMPENSATION. COUNTY agrees to compensate CONTRACTOR for the professional services called for under this Agreement on a "Fixed Fee" basis. When a Purchase Order is issued for a Fixed Fee

basis, then the applicable Purchase Order Fixed Fee amount shall include any and all reimbursable expenses.

SECTION 6. PAYMENT AND BILLING.

(a) CONTRACTOR shall supply all services required by the Purchase Order, but in no event shall CONTRACTOR be paid more than the negotiated Fixed Fee amount stated within each Purchase Order.

(b) For Purchase Orders issued on a Fixed Fee basis, CONTRACTOR may invoice the amount due based on the percentage of total Purchase Order services actually provided; but in no event shall the invoice amount exceed a percentage of the Fixed Fee amount equal to a percentage of the total services actually completed.

(c) Payments shall be made by COUNTY to CONTRACTOR when requested as services are furnished but not more than once monthly. Each Purchase Order shall be invoiced separately. At the close of each calendar month, CONTRACTOR shall render to COUNTY an itemized invoice, properly dated, describing any services provided, the cost of the services therein, the name and address of CONTRACTOR, Purchase Order Number, Contract Number, and any other information required by this Agreement.

The original invoice and one (1) copy shall be sent to:

Director of County Finance
Seminole County Board of County Commissioners
Post Office Box 8080
Sanford, Florida 32772

Copies of the invoice shall be sent to:

Public Works
520 West Lake Mary Blvd., Suite 200
Sanford, Florida 32773

Roads/Stormwater
177 Bush Loop
Sanford, Florida 32773

(d) Payment shall be made after review and approval by COUNTY within thirty (30) days of receipt of a proper invoice from CONTRACTOR.

SECTION 7. GENERAL TERMS OF PAYMENT AND BILLING.

(a) Upon satisfactory performance of services required hereunder and upon acceptance of the services by COUNTY, CONTRACTOR may invoice COUNTY for the full amount of compensation provided for under the terms of this Agreement less any amount already paid by COUNTY. COUNTY shall pay CONTRACTOR within thirty (30) days of receipt of proper invoice.

(b) COUNTY may perform or have performed an audit of the records of CONTRACTOR after final payment to support final payment hereunder. This audit would be performed at a time mutually agreeable to CONTRACTOR and COUNTY subsequent to the close of the final fiscal period in which the last services are provided. Total compensation to CONTRACTOR may be determined subsequent to an audit as provided for in subsection (b) of this Section, and the total compensation so determined shall be used to calculate final payment to CONTRACTOR. Conduct of this audit shall not delay final payment as provided by subsection (a) of this Section.

(c) CONTRACTOR agrees to maintain all books, documents, papers, accounting records, and other evidence pertaining to services provided under this Agreement in such a manner as will readily conform to the terms of this Agreement and to make such services available at CONTRACTOR's office at all reasonable times during the Agreement period and for five (5) years from the date of final payment under the contract for audit or inspection as provided for in subsection (b) of this Section.

(d) In the event any audit or inspection conducted after final payment but within the period provided in paragraph (c) of this Section reveals any overpayment by COUNTY under the terms of the Agreement, CONTRACTOR shall refund such overpayment to COUNTY within thirty (30) days of notice by COUNTY.

SECTION 8. RESPONSIBILITIES OF CONTRACTOR. Neither COUNTY'S review, approval, or acceptance of, nor payment for, any of the services

required shall be construed to operate as a waiver of any rights under this Agreement or of any cause of action arising out of the performance of this Agreement. CONTRACTOR shall be and always remain liable to COUNTY in accordance with applicable law for any and all damages to COUNTY caused by CONTRACTOR's negligent or wrongful provision of any of the services furnished under this Agreement.

SECTION 9. TERMINATION.

(a) COUNTY may, by written notice to CONTRACTOR terminate this Agreement or any Purchase Order issued hereunder, in whole or in part, at any time, either for COUNTY'S convenience or because of the failure of CONTRACTOR to fulfill its Agreement obligations. Upon receipt of such notice, CONTRACTOR shall immediately discontinue all services affected, unless the notice directs otherwise, and deliver to COUNTY all data, drawings, specifications, reports, estimates, summaries, and any and all such other information and services of whatever type or nature as may have been accumulated by CONTRACTOR in performing this Agreement, whether completed or in process.

(b) If the termination is for the convenience of COUNTY, CONTRACTOR shall be paid compensation for services performed to the date of termination.

(c) If the termination is due to the failure of CONTRACTOR to fulfill its Agreement obligations, COUNTY may take over the work and prosecute the same to completion by other Agreements or otherwise. In such case, CONTRACTOR shall be liable to COUNTY for all reasonable additional costs occasioned to COUNTY thereby. CONTRACTOR shall not be liable for such additional costs if the failure to perform the Agreement arises without any fault or negligence of CONTRACTOR; provided, however, that CONTRACTOR shall be responsible and liable for the actions of its subcontractors, agents, employees, and persons and entities of a similar

type or nature. Such causes may include acts of God or of the public enemy, acts of COUNTY in its sovereign or contractual capacity, fires, floods, epidemics, quarantine restrictions, strikes, freight embargoes, and unusually severe weather; but in every case the failure to perform must be beyond the control and without any fault or negligence of CONTRACTOR.

(d) If after notice of termination for failure to fulfill its Agreement obligations it is determined that CONTRACTOR had not so failed, the termination shall be conclusively deemed to have been effected for the convenience of COUNTY. In such event, adjustment in the Agreement price shall be made as provided in subsection (b) of this Section.

(e) The rights and remedies of COUNTY provided for in this Section are in addition and supplemental to any and all other rights and remedies provided by law or under this Agreement.

SECTION 10. AGREEMENT AND PURCHASE ORDER IN CONFLICT. Whenever the terms of this Agreement conflict with any Purchase Order issued pursuant to it, this Agreement shall prevail.

SECTION 11. EQUAL OPPORTUNITY EMPLOYMENT. CONTRACTOR agrees that it will not discriminate against any employee or applicant for employment for work under this Agreement because of race, color, religion, sex, age, disability, or national origin and will take steps to ensure that applicants are employed and employees are treated during employment without regard to race, color, religion, sex, age, disability, or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

SECTION 12. NO CONTINGENT FEES. CONTRACTOR warrants that it has not employed or retained any company or person other than a bona fide employee working solely for CONTRACTOR to solicit or secure this Agreement and that it has not paid or agreed to pay any person, company, corporation, individual, or firm other than a bona fide employee working solely for CONTRACTOR, any fee, commission, percentage, gift, or other consideration contingent upon or resulting from award or making of this Agreement. For the breach or violation of this provision, COUNTY shall have the right to terminate the Agreement at its sole discretion, without liability and to deduct from the Agreement price or otherwise recover the full amount of such fee, commission, percentage, gift, or consideration.

SECTION 13. CONFLICT OF INTEREST.

(a) CONTRACTOR agrees that it will not contract for or accept employment for the performance of any work or service with any individual, business, corporation, or government unit that would create a conflict of interest in the performance of its obligations pursuant to this Agreement with COUNTY.

(b) CONTRACTOR agrees that it will neither take any action nor engage in any conduct that would cause any COUNTY employee to violate the provisions of Chapter 112, Florida Statutes, relating to ethics in government.

(c) In the event that CONTRACTOR causes or in any way promotes or encourages a COUNTY officer, employee, or agent to violate Chapter 112, Florida Statutes, COUNTY shall have the right to terminate this Agreement.

SECTION 14. ASSIGNMENT. This Agreement, or any interest herein, shall not be assigned, transferred, or otherwise encumbered under any circumstances by the parties hereto without prior written consent of the

other party and in such cases only by a document of equal dignity herewith.

SECTION 15. SUBCONTRACTORS. In the event that CONTRACTOR, during the course of the work under this Agreement, requires the services of subcontractors or other professional associates in connection with services covered by this Agreement, CONTRACTOR must first secure the prior express written approval of COUNTY. If subcontractors or other professional associates are required in connection with the services covered by this Agreement, CONTRACTOR shall remain fully responsible for the services of subcontractors or other professional associates.

SECTION 16. INDEMNIFICATION OF COUNTY. CONTRACTOR agrees to hold harmless and indemnify COUNTY and its commissioners, officers, employees, and agents against any and all claims, losses, damages, or lawsuits for damages, arising from, allegedly arising from, or related to the provision of services hereunder by CONTRACTOR.

SECTION 17. INSURANCE.

(a) GENERAL. CONTRACTOR shall, at its own cost, procure the insurance required under this Section.

(1) Prior to commencement of work pursuant to this Agreement, CONTRACTOR shall furnish COUNTY with a Certificate of Insurance signed by an authorized representative of the insurer evidencing the insurance required by this Section (Workers' Compensation/Employer's Liability, Commercial General Liability, and Business Auto). COUNTY and its officials, officers, and employees shall be named additional insured under the Commercial General Liability Policy. The Certificate of Insurance shall provide that COUNTY shall be given not less than thirty (30) days written notice prior to the cancellation or restriction of coverage. Until such time as the insurance is no longer required to be maintained by CONTRACTOR, CONTRACTOR shall provide COUNTY with a renewal

or replacement Certificate of Insurance not less than thirty (30) days before expiration or replacement of the insurance for which a previous certificate has been provided.

(2) The Certificate shall contain a statement that it is being provided in accordance with the Agreement and that the insurance is in full compliance with the requirements of the Agreement. In lieu of the statement on the Certificate, CONTRACTOR will at the option of COUNTY submit a sworn, notarized statement from an authorized representative of the insurer that the Certificate is being provided in accordance with the Agreement and that the insurance is in full compliance with the requirements of the Agreement.

(3) In addition to providing the Certificate of Insurance, if required by COUNTY, CONTRACTOR shall, within thirty (30) days after receipt of the request, provide COUNTY with a certified copy of each of the policies of insurance providing the coverage required by this Section.

(4) Neither approval by COUNTY nor failure to disapprove the insurance furnished by CONTRACTOR shall relieve CONTRACTOR of its full responsibility for performance of any obligation including CONTRACTOR indemnification of COUNTY under this Agreement.

(b) INSURANCE COMPANY REQUIREMENTS. Insurance companies providing the insurance under this Agreement must meet the following requirements:

(1) Companies issuing policies other than Workers' Compensation must be authorized to conduct business in the State of Florida and prove same by maintaining Certificates of Authority issued to the companies by the Department of Insurance of the State of Florida. Policies for Workers' Compensation may be issued by companies authorized as a group self-insurer by Section 624.4621, Florida Statutes.

(2) In addition, such companies other than those authorized by Section 624.4621, Florida Statutes, shall have and maintain a Best's Rating of "A-" or better and a Financial Size Category of "VII" or better according to A.M. Best Company.

(3) If during the period which an insurance company is providing the insurance coverage required by this Agreement, an insurance company shall: (i) lose its Certificate of Authority, (ii) no longer comply with Section 624.4621, Florida Statutes, or (iii) fail to maintain the requisite Best's Rating and Financial Size Category, CONTRACTOR shall, as soon as CONTRACTOR has knowledge of any such circumstance, immediately notify COUNTY and immediately replace the insurance coverage provided by the insurance company with a different insurance company meeting the requirements of this Agreement. Until such time as CONTRACTOR has replaced the unacceptable insurer with an insurer acceptable to COUNTY CONTRACTOR shall be deemed to be in default of this Agreement.

(c) SPECIFICATIONS Without limiting any of the other obligations or liability of CONTRACTOR, CONTRACTOR shall, at its sole expense, procure, maintain, and keep in force amounts and types of insurance conforming to the minimum requirements set forth in this subsection. Except as otherwise specified in the Agreement, the insurance shall become effective prior to the commencement of work by CONTRACTOR and shall be maintained in force until the Agreement completion date. The amounts and types of insurance shall conform to the following minimum requirements.

(1) Workers' Compensation/Employer's Liability.

(A) CONTRACTOR's insurance shall cover CONTRACTOR for liability which would be covered by the latest edition of the standard Workers' Compensation Policy as filed for use in Florida by the National

Council on Compensation Insurance, without restrictive endorsements. CONTRACTOR will also be responsible for procuring proper proof of coverage from its subcontractors of every tier for liability which is a result of a Workers' Compensation injury to the subcontractor's employees. The minimum required limits to be provided by both CONTRACTOR and its subcontractors are outlined in subsection (c) below. In addition to coverage for the Florida Workers' Compensation Act, where appropriate, coverage is to be included for the United States Longshoremen and Harbor Workers' Compensation Act, Federal Employers' Liability Act, and any other applicable Federal or State law.

(B) Subject to the restrictions of coverage found in the standard Workers' Compensation Policy, there shall be no maximum limit on the amount of coverage for liability imposed by the Florida Workers' Compensation Act, the United States Longshoremen's and Harbor Workers' Compensation Act, or any other coverage customarily insured under Part One of the standard Workers' Compensation Policy.

(C) The minimum amount of coverage under Part Two of the standard Workers' Compensation Policy shall be:

\$100,000.00	(Each Accident)
\$100,000.00	(Disease-Policy Limit)
\$100,000.00	(Disease-Each Employee)

(2) Commercial General Liability.

(A) CONTRACTOR's insurance shall cover CONTRACTOR for those sources of liability which would be covered by the latest edition of the standard Commercial General Liability Coverage Form (ISO Form CG 00 01), as filed for use in the State of Florida by the Insurance Services Office, without the attachment of restrictive endorsements other than the elimination of Coverage C, Medical Payment and the elimination of coverage for Fire Damage Legal Liability.

(B) The minimum limits to be maintained by CONTRACTOR

(inclusive of any amounts provided by an Umbrella or Excess policy) shall be as follows:

	<u>LIMITS</u>
General Aggregate	Three (3) Times the Each Occurrence Limit
Personal & Advertising Injury Limit Each Occurrence Limit	\$300,000.00 \$300,000.00

(3) Business Auto Policy.

(A) CONTRACTOR'S insurance shall cover CONTRACTOR for those sources of liability which would be covered by Part IV of the latest edition of the standard Business Auto Policy (ISO Form CA 00 01), as filed for use in the State of Florida by the Insurance Services Office, without the attachment of restrictive endorsements. Coverage shall include owned, non-owned, and hired autos.

(B) The minimum limits to be maintained by CONTRACTOR (inclusive of any amounts provided by an Umbrella or Excess policy) shall be per-accident, combined single limit for bodily injury liability and property damage liability. If the coverage is subject to an aggregate, CONTRACTOR shall maintain separate aggregate limits of coverage applicable to claims arising out of or in connection with the work under this Agreement. The separate aggregate limits to be maintained by CONTRACTOR shall be a minimum of three (3) times the per-accident limit required and shall apply separately to each policy year or part thereof.

(C) The minimum amount of coverage under the Business Auto Policy shall be:

	<u>LIMITS</u>
Each Occurrence Bodily Injury and Property Damage Liability Combined	\$300,000.00

(d) COVERAGE. The insurance provided by CONTRACTOR pursuant to this Agreement shall apply on a primary basis and any other insurance or self-insurance maintained by COUNTY or COUNTY'S officials, officers, or employees shall be excess of and not contributing with the insurance provided by or on behalf of CONTRACTOR.

(e) OCCURRENCE BASIS. The Workers' Compensation Policy and the Commercial General Liability required by this Agreement shall be provided on an occurrence rather than a claims-made basis.

(f) OBLIGATIONS. Compliance with the foregoing insurance requirements shall not relieve CONTRACTOR, its employees, or its agents of liability from any obligation under a Section or any other portions of this Agreement. It shall also be the responsibility of CONTRACTOR to ensure that all of its subcontractors performing services under this Agreement are in compliance with the insurance requirements of this Agreement as defined above.

SECTION 18. DISPUTE RESOLUTION.

(a) In the event of a dispute related to any performance or payment obligation arising under this Agreement, the parties agree to exhaust COUNTY dispute resolution procedures prior to filing suit or otherwise pursuing legal remedies. COUNTY dispute resolution procedures for proper invoice and payment disputes are set forth in Section 22.15, "Prompt Payment Procedures," Seminole County Administrative Code. Contract claims include all controversies, except disputes addressed by the "Prompt Payment Procedures," arising under this Agreement within the dispute resolution procedures set forth in Section 8.1539, "Contract Claims," Seminole County Administrative Code.

(b) CONTRACTOR agrees that it will file no suit or otherwise pursue legal remedies based on facts or evidentiary services that were not presented for consideration in COUNTY dispute resolution procedures

set forth in subsection (a) above of which CONTRACTOR had knowledge and failed to present during COUNTY dispute resolution procedures.

(c) In the event that COUNTY dispute resolution procedures are exhausted and a suit is filed or legal remedies are otherwise pursued, the parties shall exercise best efforts to resolve disputes through voluntary mediation. Mediator selection and the procedures to be employed in voluntary mediation shall be mutually acceptable to the parties. Costs of voluntary mediation shall be shared equally among the parties participating in the mediation

SECTION 19. REPRESENTATIVES OF COUNTY AND CONTRACTOR.

(a) It is recognized that questions in the day-to-day conduct of performance pursuant to this Agreement will arise. COUNTY, upon request by CONTRACTOR, will designate and advise CONTRACTOR in writing of one or more of its employees to whom all communications pertaining to the day-to-day conduct of this Agreement shall be addressed. The designated representative shall have the authority to transmit instructions, receive information, and interpret and define COUNTY'S policy and decisions pertinent to the work covered by this Agreement.

(b) CONTRACTOR shall at all times during the normal work week designate or appoint one or more representatives who are authorized to act on behalf of and bind CONTRACTOR regarding all matters involving the conduct of the performance pursuant to this Agreement and shall keep COUNTY continually and effectively advised of such designation.

SECTION 20. ALL PRIOR AGREEMENTS SUPERSEDED. This document incorporates and includes all prior negotiations, correspondence, conversations, agreements, or understandings applicable to the matters contained herein and the parties agree that there are no commitments, agreements, or understandings concerning the subject matter of this Agreement that are not contained or referred to in this document.

Accordingly, it is agreed that no deviation from the terms hereof shall be predicated upon any prior representations or agreements, whether oral or written.

SECTION 21. MODIFICATIONS, AMENDMENTS, OR ALTERATIONS. No modification, amendment, or alteration in the terms or conditions contained herein shall be effective unless contained in a written document executed with the same formality and of equal dignity herewith.

SECTION 22. INDEPENDENT CONTRACTOR. It is agreed that nothing herein contained is intended or should be construed as in any manner creating or establishing a relationship of co-partners between the parties, or as constituting CONTRACTOR (including its officers, employees, and agents) as an agent, representative, or employee of COUNTY for any purpose, or in any manner, whatsoever. CONTRACTOR is to be and shall remain forever an independent contractor with respect to all services performed under this Agreement.

SECTION 23. EMPLOYEE STATUS. Persons employed by CONTRACTOR in the performance of services and functions pursuant to this Agreement shall have no claim to pension, workers' compensation, unemployment compensation, civil service, or other employee rights or privileges granted to COUNTY'S officers and employees either by operation of law or by COUNTY.

SECTION 24. SERVICES NOT PROVIDED FOR. No claim for services furnished by CONTRACTOR not specifically provided for herein shall be honored by COUNTY.

SECTION 25. PUBLIC RECORDS LAW. CONTRACTOR acknowledges COUNTY'S obligations under Article I, Section 24, Florida Constitution, and Chapter 119, Florida Statutes, to release public records to members of the public upon request. CONTRACTOR acknowledges that COUNTY is required to comply with Article I, Section 24, Florida Constitution, and Chapter

119, Florida Statutes, in the handling of the services created under this Agreement and that said statute controls over the terms of this Agreement.

SECTION 26. COMPLIANCE WITH LAWS AND REGULATIONS. In providing all services pursuant to this Agreement, CONTRACTOR shall abide by all statutes, ordinances, rules, and regulations pertaining to, or regulating the provisions of, such services including those now in effect and hereafter adopted. Any violation of said statutes, ordinances, rules, or regulations shall constitute a material breach of this Agreement and shall entitle COUNTY to terminate this Agreement immediately upon delivery of written notice of termination to CONTRACTOR.

SECTION 27. NOTICES. Whenever either party desires to give notice unto the other, it must be given by written notice, sent by registered or certified United States mail, return receipt requested, addressed to the party for whom it is intended at the place last specified. The place for giving of notice shall remain such until it shall have been changed by written notice in compliance with the provisions of this Section. For the present, the parties designate the following as the respective places for giving of notice, to-wit:

For COUNTY:

Public Works - Roads/Stormwater
177 Bush Loop
Sanford, Florida 32773

For CONTRACTOR:

SECTION 28. RIGHTS AT LAW RETAINED. The rights and remedies of COUNTY, provided for under this Agreement, are in addition and supplemental to any other rights and remedies provided by law.

IN WITNESS WHEREOF, the parties hereto have made and executed this Agreement on the date below written for execution by COUNTY.

ATTEST:

CORPORATE NAME

, Secretary

(CORPORATE SEAL)

By: _____
, President

Date: _____

ATTEST:

BOARD OF COUNTY COMMISSIONERS
SEMINOLE COUNTY, FLORIDA

MARYANNE MORSE
Clerk to the Board of
County Commissioners of
Seminole County, Florida.

By: _____
BOB DALLARI, Chairman

Date: _____

For the use and reliance
of Seminole County only.

As authorized for execution
by the Board of County Commissioners
at their _____, 20____
regular meeting.

Approved as to form and
legal sufficiency.

County Attorney

Attachments:

- Exhibit A - Scope of Services
- Exhibit B - Sample Purchase Order

AEC/sjs
4/5/09
P:\Users\Legal Secretary_CSB\Purchasing 2009\Agreements\IFB-600650-09.doc

Not for Execution

EXHIBIT A
SCOPE OF SERVICES

**(TO BE INCORPORATED PRIOR TO CONTRACT EXECUTION BASED ON
ACCEPTED PROPOSAL AND PRICE STRUCTURE)**

RESOURCE MANAGEMENT DEPARTMENT
PURCHASING AND CONTRACTS DIVISION



August 21, 2012

Herschel S. Wiley, Jr.
Operations Coordinator
Sumter County Public Works
319 E. Anderson Ave.
Bushnell, FL 33513

Dear Mr. Wiley:

In accordance with our phone conversation and previous correspondence, Seminole County Purchasing and Contracts will be happy to authorize Sumter County to piggyback off of our contract RFP-600650-09/GMG – Term Contract for Mosquito Control Aerial Adulticiding Services.

The piggyback clause is stated in the terms and conditions on Page 9 of the original solicitation package, "Purchasing Agreements with other Government Agencies."

Please let me know if you have any questions or need further assistance.

Best regards,

Gloria M. Garcia

Gloria M. Garcia, CPPB
Senior Procurement Analyst
Resource Management Department ~ Purchasing and Contracts Division
1301 East Second Street, Sanford, FL. 32771-1468
Phone: 407-665-7123~Fax: 407-665-7956
ggarcia@seminolecountyfl.gov
www.seminolecountyfl.gov/purchasing

AUG 24 '12 AM 10:20