

Indian River Mosquito Control District



Commissioner Janice Broda ♦ Commissioner Matt Erpenbeck ♦ Commissioner Anna Kirkland
Sherry Burroughs, Executive Director
5655 41st Street, Vero Beach, FL 32967 ♦ Phone: 772.562.2393
<http://irmosquito.com> ♦ irmcd@irmosquito2.org

ITB 2024-08

Invitation to Bid: Larvicide and Adulticide Products

MOSQUITO LARVICIDE(S):

- 1) SINGLE BROOD SPINOSAD
- 2) SINGLE BROOD BACILLUS THURINGIENSIS ISRAELENIS (Bti)
- 3) SINGLE BROOD METHOPRENE
- 4) RESIDUAL BTI
- 5) RESIDUAL METHOPRENE
- 6) RESIDUAL SPINOSAD
- 7) SPINOSAD TABLETS
- 8) BACILLUS THURINGIENSIS ISRAELENIS (LIQUID)
- 9) SPINOSAD (LIQUID)
- 10) METHOPRENE (LIQUID)

MOSQUITO ADULTICIDE(S):

- 1) SUMETHRIN 10%, PBO 10%
- 2) PERMETHRIN 30%, PBO 30%
- 3) DELTAMETHRIN 2%
- 4) MALATHION 96.5%
- 5) ETOFENPROX 20%
- 6) FENPROPATHRIN 4%, Abamectin 1.5%, Octanoic acid 0.33%, Nonanoic acid 0.33%, Decanoic acid 0.33%

Sealed bids may be submitted for any or all mosquito products and **must be received** at the District's Office located at 5655 41st Street, Vero Beach, **by 3:00 PM on Monday, December 9, 2024.**

Bids will be **opened** publicly on **Friday, December 13, 2024 at 10:00 AM** during a public meeting.

Awards will be **announced** at the IRMCD Board Meeting on **Tuesday, January 14, 2025** at 9:00 AM.

Sealed bid shall be clearly marked as "**ITB2024-08: Larvicide and Adulticide Products**" and either hand delivered Monday through Friday, between the hours of 7:00 AM and 3:00 PM or mailed to the address below. Bids must comply with the requirements set for product bids.

Indian River Mosquito Control District
5655 41st Street
Vero Beach, FL 32967

ISSUED BY: Sherry Burroughs, Executive Director, Indian River Mosquito Control District, Vero Beach, Florida this 21th day of November, 2024

APPLICABLE CONDITIONS and BIDDING FORM for:

SPINOSAD (All formulations)

Prices must be guaranteed for at least 45 days following the date of bid opening. A complete, current label and Material Safety Data Sheet MUST be included. This label shall include any restrictions or extensions applicable to the product's use in Florida.

SPINOSAD 0.5%, or equivalent, labelled for ground and aerial applications and suitable for application at 10+ lbs./acre, 20lbs/acre in water that has high organic content. Must be provided as a granular corncob product (a uniform 10/14 mesh). It must be available in 1000 - 1200-lb and 40-lb. bags, with lot number and manufactured date clearly visible on each bag. Product must be received by IRMCD within ten (10) days of placement of order.

PRODUCT NAME: _____

DELIVERED PRICE PER POUND/TABLET/GALLON (provide schedule if appropriate): _____

QUOTED PRICE(S) MUST BE GOOD FOR JANUARY 1, 2025 THROUGH DECEMBER 31, 2025. IS YOUR QUOTE GOOD FOR THAT TIME PERIOD? (Y/N) _____

List all container sizes available: _____

IS LOT# AND MANUFACTURED DATE CLEARLY VISIBLE ON EACH BAG? (Y/N) _____

AFTER AN ORDER IS PLACED, WHAT IS THE MAXIMUM TIME BEFORE THE PRODUCT IS DELIVERED? _____

PROVIDE A DESCRIPTION OF QUALITY CONTROL USED DURING MANUFACTURING OF THIS MATERIAL, INCLUDING WHERE THE MATERIAL IS MANUFACTURED AND BY WHOM (use additional pages if desired):

ARE BIOASSAYS CONDUCTED ON MANUFACTURED PRODUCT? (Y/N) _____

IF YES, AT WHAT FREQUENCY ARE BIOASSAYS CONDUCTED? _____

BIDDERS COMPANY NAME: _____

Date

Signature

APPLICABLE CONDITIONS and BIDDING FORM for:

BACILLUS THURINGIENSIS ISRAELENIS (Bti) BIDS (All Formulations)

Prices must be guaranteed for at least 45 days following the date of bid opening. A complete, current label and Material Safety Data Sheet MUST be included. This label shall include any restrictions or extensions applicable to the product's use in Florida.

SINGLE BROOD BACILLUS THURINGIENSIS ISRAELENIS INSTRUCTIONS ONLY: BACILLUS THURINGIENSIS ISRAELENIS (Bti) 2.8%, strain AM65-52 or equivalent labelled for ground and aerial applications and suitable for application at 10+ lbs./acre, 20lbs/acre in water that has high organic content. It must be provided as a granular corncob product (a uniform 10/14 mesh) containing at least two hundred International Toxic Units (ITU) per mg (which is equivalent to 0.091 billion ITU per pound) or equivalent. It must be available in 1000-1200-lb and 40-lb. bags, with lot number and manufactured date clearly visible on each bag, with up to 24 1000-1200-lb bags in an order. Label directions must not prohibit usage in areas where people may be present. IRMCD will purchase the product primarily in 1000-1200-lb bags. Product must be received by IRMCD within five (5) days of placement of order.

PRODUCT NAME: _____

DELIVERED PRICE PER POUND/GALLON (provide schedule if appropriate): _____

QUOTED PRICE(S) MUST BE GOOD FOR JANUARY 1, 2025 THROUGH DECEMBER 31, 2025. IS YOUR QUOTE GOOD FOR THAT TIME PERIOD? (Y/N) _____

List all container sizes available: _____

IS LOT# AND MANUFACTURED DATE CLEARLY VISIBLE ON EACH BAG? (Y/N) _____

AFTER AN ORDER IS PLACED, WHAT IS THE MAXIMUM TIME BEFORE THE PRODUCT IS DELIVERED? _____

PROVIDE A DESCRIPTION OF QUALITY CONTROL USED DURING MANUFACTURING OF THIS MATERIAL, INCLUDING WHERE THE MATERIAL IS MANUFACTURED AND BY WHOM (use additional pages if desired): _____

ARE BIOASSAYS CONDUCTED ON MANUFACTURED PRODUCT? (Y/N) _____

IF YES, AT WHAT FREQUENCY ARE BIOASSAYS CONDUCTED? _____

BIDDERS COMPANY NAME: _____

Date

Signature

APPLICABLE CONDITIONS and BIDDING FORM for:

METHOPRENE BIDS (*All Formulations*)

Prices must be guaranteed for at least 45 days following the date of bid opening. A complete, current label and Material Safety Data Sheet MUST be included. This label shall include any restrictions or extensions applicable to the product's use in Florida.

METHOPRENE - IRMCD Label must be formulated to release S-Methoprene for up to 40 days. Label must allow for product to be applied prior to flooding.

PRODUCT NAME: _____

DELIVERED PRICE PER POUND/GALLON (provide schedule if appropriate): _____

QUOTED PRICE(S) MUST BE GOOD FOR JANUARY 1, 2025 THROUGH DECEMBER 31, 2025. IS YOUR QUOTE GOOD FOR THAT TIME PERIOD? (Y/N) _____

List all container sizes available: _____

IS LOT# AND MANUFACTURED DATE CLEARLY VISIBLE ON EACH BAG? (Y/N) _____

AFTER AN ORDER IS PLACED, WHAT IS THE MAXIMUM TIME BEFORE THE PRODUCT IS DELIVERED? _____

PROVIDE A DESCRIPTION OF QUALITY CONTROL USED DURING MANUFACTURING OF THIS MATERIAL, INCLUDING WHERE THE MATERIAL IS MANUFACTURED AND BY WHOM (use additional pages if desired): _____

ARE BIOASSAYS CONDUCTED ON MANUFACTURED PRODUCT? (Y/N) _____

IF YES, AT WHAT FREQUENCY ARE BIOASSAYS CONDUCTED? _____

BIDDERS COMPANY NAME: _____

Date

Signature

APPLICABLE CONDITIONS and BIDDING FORM for:

SUMETHRIN 10%, PBO 10%

Prices must be guaranteed for at least 45 days following the date of bid opening. A complete, current label and Material Safety Data Sheet MUST be included. This label shall include any restrictions or extensions applicable to the product's use in Florida.

SUMETHRIN 10%, PBO 10%: labelled for ground applications and suitable for application at 0.62 fluid ounces per acre. This product must contain 0.74 pounds of sumethrin and be synergized with Piperonyl Butoxide at a ratio of at least 1:1

PRODUCT NAME: _____

DELIVERED PRICE PER GALLON (provide schedule if appropriate): _____

QUOTED PRICE(S) MUST BE GOOD FOR JANUARY 1, 2025, THROUGH DECEMBER 31, 2025. IS YOUR QUOTE GOOD FOR THAT TIME PERIOD? (Y/N) _____

List all container sizes available: _____

Are the LOT# AND MANUFACTURED DATE CLEARLY VISIBLE ON EACH Container? (Y/N) _____

AFTER AN ORDER IS PLACED, WHAT IS THE MAXIMUM TIME BEFORE THE PRODUCT IS DELIVERED? _____

PROVIDE A DESCRIPTION OF QUALITY CONTROL USED DURING MANUFACTURING OF THIS MATERIAL, INCLUDING WHERE THE MATERIAL IS MANUFACTURED AND BY WHOM (use additional pages if desired): _____

ARE BIOASSAYS CONDUCTED ON MANUFACTURED PRODUCT? (Y/N) _____

IF YES, AT WHAT FREQUENCY ARE BIOASSAYS CONDUCTED? _____

BIDDERS COMPANY NAME: _____

Date

Signature

APPLICABLE CONDITIONS and BIDDING FORM for:

PERMETHRIN 30%, PBO 30%

Prices must be guaranteed for at least 45 days following the date of bid opening. A complete, current label and Material Safety Data Sheet MUST be included. This label shall include any restrictions or extensions applicable to the product's use in Florida.

PERMETHRIN - IRMCD is interested in purchasing up to 750 Gallons of this product during calendar year 2024. The product must contain a minimum of 2.5 pounds of permethrin and must be synergized with Piperonyl Butoxide at a ratio of at least 1:1.

PRODUCT NAME: _____

DELIVERED PRICE PER GALLON (provide schedule if appropriate): _____

QUOTED PRICE(S) MUST BE GOOD FOR JANUARY 1, 2025, THROUGH DECEMBER 31, 2025. IS YOUR QUOTE GOOD FOR THAT TIME PERIOD? (Y/N) _____

List all container sizes available: _____

Are the LOT# AND MANUFACTURED DATE CLEARLY VISIBLE ON EACH Container? (Y/N) _____

AFTER AN ORDER IS PLACED, WHAT IS THE MAXIMUM TIME BEFORE THE PRODUCT IS DELIVERED? _____

PROVIDE A DESCRIPTION OF QUALITY CONTROL USED DURING MANUFACTURING OF THIS MATERIAL, INCLUDING WHERE THE MATERIAL IS MANUFACTURED AND BY WHOM (use additional pages if desired): _____

ARE BIOASSAYS CONDUCTED ON MANUFACTURED PRODUCT? (Y/N) _____

IF YES, AT WHAT FREQUENCY ARE BIOASSAYS CONDUCTED? _____

BIDDERS COMPANY NAME: _____

Date

Signature

APPLICABLE CONDITIONS and BIDDING FORM for:

DELTAMETHRIN 2%

Prices must be guaranteed for at least 45 days following the date of bid opening. A complete, current label and Material Safety Data Sheet MUST be included. This label shall include any restrictions or extensions applicable to the product's use in Florida.

DELTAMETHRIN 2%: labelled for ground applications at a rate of .00134 ounces per acre. This product must contain a minimum of .17 pounds of deltamethrin per gallon.

PRODUCT NAME: _____

DELIVERED PRICE PER GALLON (provide schedule if appropriate): _____

QUOTED PRICE(S) MUST BE GOOD FOR JANUARY 1, 2025, THROUGH DECEMBER 31, 2025. IS YOUR QUOTE GOOD FOR THAT TIME PERIOD? (Y/N) _____

List all container sizes available: _____

If YES, what size returnable tanks are available?

IS LOT# AND MANUFACTURED DATE CLEARLY VISIBLE ON EACH Container? (Y/N) _____

AFTER AN ORDER IS PLACED, WHAT IS THE MAXIMUM TIME BEFORE THE PRODUCT IS DELIVERED? _____

PROVIDE A DESCRIPTION OF QUALITY CONTROL USED DURING MANUFACTURING OF THIS MATERIAL, INCLUDING WHERE THE MATERIAL IS MANUFACTURED AND BY WHOM (use additional pages if desired): _____

ARE BIOASSAYS CONDUCTED ON MANUFACTURED PRODUCT? (Y/N) _____

IF YES, AT WHAT FREQUENCY ARE BIOASSAYS CONDUCTED? _____

BIDDERS COMPANY NAME: _____

Date

Signature

APPLICABLE CONDITIONS and BIDDING FORM for:

MALATHION 96.5%

Prices must be guaranteed for at least 45 days following the date of bid opening. A complete, current label and Material Safety Data Sheet MUST be included. This label shall include any restrictions or extensions applicable to the product's use in Florida.

MALATHION 96.5%: labelled for ground applications at a rate of .03 - .06 pounds per acre. This product must contain a minimum of 9.9 pounds of Malathion per gallon.

PRODUCT NAME: _____

DELIVERED PRICE PER GALLON (provide schedule if appropriate): _____

QUOTED PRICE(S) MUST BE GOOD FOR JANUARY 1, 2025, THROUGH DECEMBER 31, 2025. IS YOUR QUOTE GOOD FOR THAT TIME PERIOD? (Y/N) _____

List all container sizes available: _____

If YES, what size returnable tanks are available?

IS LOT# AND MANUFACTURED DATE CLEARLY VISIBLE ON EACH Container? (Y/N) _____

AFTER AN ORDER IS PLACED, WHAT IS THE MAXIMUM TIME BEFORE THE PRODUCT IS DELIVERED? _____

PROVIDE A DESCRIPTION OF QUALITY CONTROL USED DURING MANUFACTURING OF THIS MATERIAL, INCLUDING WHERE THE MATERIAL IS MANUFACTURED AND BY WHOM (use additional pages if desired): _____

ARE BIOASSAYS CONDUCTED ON MANUFACTURED PRODUCT? (Y/N) _____

IF YES, AT WHAT FREQUENCY ARE BIOASSAYS CONDUCTED? _____

BIDDERS COMPANY NAME: _____

Date

Signature

APPLICABLE CONDITIONS and BIDDING FORM for:

ETOFENPROX 20%

Prices must be guaranteed for at least 45 days following the date of bid opening. A complete, current label and Material Safety Data Sheet MUST be included. This label shall include any restrictions or extensions applicable to the product's use in Florida.

ETOFENPROX 20%: labelled for ground applications at a rate of .00175 pounds per acre to .00700 pounds per acre. This product must contain a minimum of 1.48 pounds of Etofenprox per gallon.

PRODUCT NAME: _____

DELIVERED PRICE PER GALLON (provide schedule if appropriate): _____

QUOTED PRICE(S) MUST BE GOOD FOR JANUARY 1, 2025, THROUGH DECEMBER 31, 2025. IS YOUR QUOTE GOOD FOR THAT TIME PERIOD? (Y/N) _____

List all container sizes available: _____

If YES, what size returnable tanks are available?

IS LOT# AND MANUFACTURED DATE CLEARLY VISIBLE ON EACH Container? (Y/N) _____

AFTER AN ORDER IS PLACED, WHAT IS THE MAXIMUM TIME BEFORE THE PRODUCT IS DELIVERED? _____

PROVIDE A DESCRIPTION OF QUALITY CONTROL USED DURING MANUFACTURING OF THIS MATERIAL, INCLUDING WHERE THE MATERIAL IS MANUFACTURED AND BY WHOM (use additional pages if desired): _____

ARE BIOASSAYS CONDUCTED ON MANUFACTURED PRODUCT? (Y/N) _____

IF YES, AT WHAT FREQUENCY ARE BIOASSAYS CONDUCTED? _____

BIDDERS COMPANY NAME: _____

Date

Signature

APPLICABLE CONDITIONS and BIDDING FORM for:

FENPROPATHRIN 4%, Abamectin 1.5%, Octanoic acid 0.33%, Nonanoic acid 0.33%, Decanoic acid 0.33%

Prices must be guaranteed for at least 45 days following the date of bid opening. A complete, current label and Material Safety Data Sheet MUST be included. This label shall include any restrictions or extensions applicable to the product's use in Florida.

FENPROPATHRIN 4%, Abamectin 1.5%, Octanoic acid 0.33%, Nonanoic acid 0.33%, Decanoic acid 0.33%: labelled for ground applications at a rate of 0.341 fl. Oz. to 1.018 fl. Oz. per acre.

PRODUCT NAME: _____

DELIVERED PRICE PER GALLON (provide schedule if appropriate): _____

QUOTED PRICE(S) MUST BE GOOD FOR JANUARY 1, 2025, THROUGH DECEMBER 31, 2025. IS YOUR QUOTE GOOD FOR THAT TIME PERIOD? (Y/N) _____

List all container sizes available: _____

If YES, what size returnable tanks are available?

IS LOT# AND MANUFACTURED DATE CLEARLY VISIBLE ON EACH Container? (Y/N) _____

AFTER AN ORDER IS PLACED, WHAT IS THE MAXIMUM TIME BEFORE THE PRODUCT IS DELIVERED? _____

PROVIDE A DESCRIPTION OF QUALITY CONTROL USED DURING MANUFACTURING OF THIS MATERIAL, INCLUDING WHERE THE MATERIAL IS MANUFACTURED AND BY WHOM (use additional pages if desired): _____

ARE BIOASSAYS CONDUCTED ON MANUFACTURED PRODUCT? (Y/N) _____

IF YES, AT WHAT FREQUENCY ARE BIOASSAYS CONDUCTED? _____

BIDDERS COMPANY NAME: _____

Date

Signature

CONDITIONS APPLICABLE TO ALL PRODUCT BIDS

1. Bids shall be submitted in sealed envelopes and must be received no later than the time and date specified on the advertisement enclosed as Page 1. Bids may be hand delivered Monday through Friday from 7:00 AM to 3:00 PM or mailed to the District Office.
2. Envelopes shall be clearly marked as **“ITB2024-08: Larvicide and Adulticide Products”** and the bidder's name shall be clearly marked on the envelope.
3. The District will make every effort to inform prospective bidders of amendments or clarifications of the original bid specifications. However, the District does not guarantee to provide such amendments to all prospective bidders. IT IS THE BIDDER’S RESPONSIBILITY TO CHECK WITH THE DISTRICT FOR ANY AMENDMENTS OR CLARIFICATIONS TO THE ORIGINAL BID SPECIFICATIONS PRIOR TO SUBMITTING A BID.
4. No bid shall be withdrawn for a period of forty-five (45) days after the scheduled closing time for receipt of bids. The bid shall be on a firm, net delivered price basis and the contract shall have no escalator clause. The Indian River Mosquito Control District (IRMCD) agrees to furnish any tax exemption certificates to which it is entitled.
5. The bidder shall state in the space provided on the bidding form a guaranteed maximum delivery time for orders. This guaranteed delivery time may be an important consideration in the award of the bid. The IRMCD may withdraw the award should the bidder not deliver the item(s) within the specified maximum delivery period.
6. The bidder must include a completed Bid Form and detailed ordering instructions for each product with the bid.
7. Receipt of the item(s) shall not constitute acceptance. Final acceptance and authorization of payment shall be given only after a thorough inspection indicates that the item(s) meet bid specifications and conditions. Should the delivered item(s) differ in any respect from specifications, payment shall be withheld until such time as the supplier takes necessary corrective action.
8. Bidders must be aware that, as a tax-supported government agency, the IRMCD is eligible to purchase items under State of Florida Competitive Bidding Contracts and may exercise this option if it is in the best interest of the IRMCD.
9. The bidder's qualifications must be satisfactory to the IRMCD's Board of Commissioners, and IRMCD reserves the right to reject all bids, to accept at its discretion the lowest and/or best bid, to waive any or all technicalities in awarding a contract, and to re-advertise.
10. RESPONSIBLE VENDOR DETERMINATION: Respondent is hereby notified that Section 287.05701, Florida Statutes, requires that the District may not request documentation of or consider a vendor's social, political, or ideological interests when determining if the vendor is a responsible vendor.