



State of West Virginia
 Department of Administration
 Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

Solicitation

NUMBER
DNR214089

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
DEAN WINGERD
304-558-0468

*604135453 540-246-1847

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TRINITY TURF INC
 PO BOX 9
 MT CRAWFORD VA 22841

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DIVISION OF NATURAL RESOURCES
 PROCUREMENT OFFICE
 324 4TH AVENUE
 SOUTH CHARLESTON, WV
 25303-1228 304-558-3397

DATE PRINTED
03/05/2014

BID OPENING DATE: 04/03/2014 BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
<p>***** PLEASE SHIP ALL ITEMS TO THIS ADDRESS, CACAPON RESORT STATE PARK, ATTN: DAVID CROUSE, MAINTENANCE SUPERVISOR 818 CACAPON LODGE DRIVE, BERKLEY SPRINGS, WV 25411. *****</p> <p>THE WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WV DIVISION OF NATURAL RESOURCES, IS SOLICITING BIDS FOR THE ONE-TIME PURCHASE OF GOLF COURSE CHEMICALS FOR SUMMER/FALL APPLICATION, PER THE ATTACHED SPECIFICATIONS.</p> <p>ATTACHMENTS INCLUDE:</p> <ol style="list-style-type: none"> 1. INSTRUCTIONS TO VENDORS SUBMITTING BIDS. 2. GENERAL TERMS AND CONDITIONS. 3. DNR214089 SPECIFICATIONS. 4. CERTIFICATION AND SIGNATURE PAGE. 5. PURCHASING AFFIDAVIT. 6. RESIDENT VENDOR PREFERENCE (RVP) FORM. <p>THE MODEL/BRAND/SPECIFICATIONS NAMED HEREIN ESTABLISH THE ACCEPTABLE LEVEL OF QUALITY ONLY AND ARE NOT INTENDED TO REFLECT A PREFERENCE OR FAVOR ANY PARTICULAR BRAND OR VENDOR. VENDORS WHO ARE BIDDING ALTERNATES SHOULD SO STATE AND INCLUDE PERTINENT LITERATURE AND SPECIFICATIONS. FAILURE TO PROVIDE INFORMATION FOR ANY ALTERNATES MAY BE GROUNDS FOR REJECTION OF THE BID. THE STATE RESERVES THE RIGHT TO WAIVE MINOR IRREGULARITIES IN BIDS OR SPECIFICATIONS IN ACCORDANCE WITH SECTION 148-1-4(F) OF THE WEST VIRGINIA LEGISLATIVE RULES AND REGULATIONS.</p>						

03/26/14 10:00:27AM
 West Virginia Purchasing Division

SIGNATURE	<i>Kevin [Signature]</i>	TELEPHONE	540-234-0220	DATE	3/25/14
TITLE	President	FEIN	20 116 2584	ADDRESS CHANGES TO BE NOTED ABOVE	

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

Pricing Page

DNR214089 - Summer Fall Application - Cacapon Golf Course Chemicals

Item #	Unit Size	Quantity	Description	Manufacturer for bids	Unit Price	Extended Price
1	.5 gal bottles	12 bottles	Systemic Insecticide; DuPont Acelepryn or equal.	Syngenta	910.00	10,920.00
2	4 X 5.5lb bags per case	27 cases	Systemic Fungicide; Chipco Aliette WDG fungicide or equal.	Bayer - Chipco Signature	595.00	16,065.00
3	10 gal	1 bottle	Systemic Fungicide; Syngenta Subdue Maxx or equal.	Syngenta	4980.00	4980.00
4	2 x 2.5 gal bottles per case	18 cases	Broad Spectrum Fungicide; Cleary 3336F or equal.	Cleary	510.00	9180.00
5	2 x 2.5 gal bottles per case	13 cases	Systemic Fungicide; Syngenta Daconil Weather Stik or equal. Echo 720	SIPCAM / ADVAN	175.00	2275.00
6	2 X 1 gal bottles per case	7 cases	Systemic Fungicide; Syngenta Banner Maxx II or equal Propensity	Sipcam / ADVAN	234.00	1638.00
7	2 X 1 gal bottles per case	15 cases	Systemic Fungicide; Bayer Banol or equal Proplunt	Sipcam / ADVAN	625.00	9375.00
8	4 x 5.5 oz. bottles per case	4 cases	Systemic Fungicide; Bayer Bayleton 50 or equal.	Bayer	595.00	2380.00
9	2 x 2.5 gal bottles per case	12 cases	Systemic Fungicide; Bayer Chipco 26GT or equal.	Bayer	650.00	7800.00
TOTAL BID						64,613.00

CERTIFICATION AND SIGNATURE PAGE

By signing below, I certify that I have reviewed this Solicitation in its entirety, understand the requirements, terms and conditions, and other information contained herein; that I am submitting this bid or proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Trinity Turf, Inc
(Company)

Kurt Fellenstein
(Authorized Signature)

Kurt Fellenstein, President
(Representative Name, Title)

910-234-0220 340-234-0223
(Phone Number) (Fax Number)

03/25/14
(Date)

STATE OF WEST VIRGINIA
Purchasing Division**PURCHASING AFFIDAVIT**

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

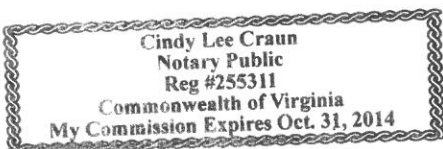
AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:Vendor's Name: Trinity Tech, IncAuthorized Signature: [Signature] Date: 3/24/2014State of VirginiaCounty of Rockingham, to-wit:Taken, subscribed, and sworn to before me this 21 day of March, 2014.My Commission expires 10-31-14, 20 .**AFFIX SEAL HERE**

NOTARY PUBLIC

[Signature]

Purchasing Affidavit (Revised 07/01/2012)



VENDOR PREFERENCE CERTIFICATE

Certification and application* is hereby made for Preference in accordance with **West Virginia Code, §5A-3-37**. (Does not apply to construction contracts). **West Virginia Code, §5A-3-37**, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

- 1. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,
- 2. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
- 3. **Application is made for 2.5% resident vendor preference for the reason checked:**
 Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,
- 4. **Application is made for 5% resident vendor preference for the reason checked:**
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,
- 5. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,
- 6. **Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
- 7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Trinity turf
Date: 3-25-14

Signed: [Signature]
Title: President

Item #5



Echo® 720

Turf and Ornamental Fungicide

Active Ingredient:

Chlorothalonil (tetrachloroisophthalonitrile)	54.0%
Other Ingredients:	46.0%
Total:	100.0%

Contains 6.0 Pounds Chlorothalonil Per Gallon (720 grams per liter)

KEEP OUT OF REACH OF CHILDREN

WARNING – AVISO

Si usted no entiende la etiqueta, busque a alguien para que se la explique a usted en detalle. (If you do not understand the label, find someone to explain it to you in detail.)

FIRST AID

IF INHALED	<ul style="list-style-type: none"> • Move person to fresh air. • If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth to mouth if possible. • Call a poison control center or doctor for further treatment advice.
IF ON SKIN OR CLOTHING	<ul style="list-style-type: none"> • Take off contaminated clothing. • Rinse skin immediately with plenty of water for 15-20 minutes. • Call a poison control center or doctor for treatment advice.
IF IN EYES	<ul style="list-style-type: none"> • Hold eye open and rinse slowly and gently with water for 15-20 minutes. • Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. • Call a poison control center or doctor for treatment advice.
IF SWALLOWED:	<ul style="list-style-type: none"> • Call a poison control center or doctor immediately for treatment advice. • Have affected person sip a glass of water if able to swallow. • Do not induce vomiting unless told by a poison control center or doctor. • Do not give anything by mouth to an unconscious person.

Have the product container or label with you when calling a poison control center or doctor, or going for treatment.

Emergency phone numbers	(800) 858-7378 NPIC (human and animal health) (800) 424-9300 CHEMTREC (transportation and spills)
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NOTES TO PHYSICIAN: Probable mucosal damage may contraindicate the use of gastric lavage. Persons having a temporary allergic reaction respond to treatment with antihistamines or steroid creams and/or systemic steroids.

EPA Reg. No. 60063-7

EPA Est. No. 070989-AR-001



SipcamAdvan

MANUFACTURED FOR:
SIPCAM AGRO USA, INC.
2520 Meridian Parkway, Suite 525
Durham, NC 27713

ECHO is a registered trademark of Sipcam Agro USA, Inc.

9500680-000-20110217

NET CONTENTS: 2.5 Gallons (9.5 Liters)

Item # 6

ProPensity® 1.3ME

Broad spectrum and systemic fungicide for turf and ornamentals



GROUP 3 FUNGICIDE

ACTIVE INGREDIENT:

Propiconazole	14.3%
OTHER INGREDIENTS	85.7%
TOTAL:	100.0%

Contains 1.3 lbs of active ingredient propiconazole per gallon.

KEEP OUT OF REACH OF CHILDREN CAUTION

Si usted no entiende la etiqueta, busque a alguien para que se la explique a usted en detalle.
(If you do not understand the label, find someone to explain it to you in detail.)

FIRST AID	
IF SWALLOWED	<ul style="list-style-type: none"> • Call a poison control center or doctor immediately for treatment advice. • Have affected person sip a glass of water if able to swallow. • Do not induce vomiting unless told by a poison control center or doctor. • Do not give anything by mouth to an unconscious person.
IF ON SKIN OR CLOTHING	<ul style="list-style-type: none"> • Take off contaminated clothing. • Rinse skin immediately with plenty of water for 15 - 20 minutes. • Call a poison control center or doctor for treatment advice.
IF IN EYES	<ul style="list-style-type: none"> • Hold eye open and rinse slowly and gently with water for 15 - 20 minutes. • Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. • Call a poison control center or doctor for treatment advice.
IF INHALED	<ul style="list-style-type: none"> • Move person to fresh air. • If person is not breathing, call 911 or an ambulance, then give artificial respiration, preferably mouth-to-mouth if possible. • Call a poison control center or doctor for further treatment advice.
Have the product container or label with you when calling a poison control center or doctor, or going for treatment.	
EMERGENCY PHONE NUMBERS	(800) 424-9300 CHEMTREC (transportation and spills) (800) 900-4044 Poison Control Center (human health) (800) 345-4735 ASPCA (animal health)
NOTE TO PHYSICIAN: If ingested, induce emesis or lavage stomach. Treat symptomatically.	

SEE INSIDE BOOKLET FOR ADDITIONAL PRECAUTIONARY STATEMENTS.
 EPA REG. NO. 60063-27 Shake well before using. EPA EST. NO. 37429-GA-02
MANUFACTURED FOR SipcamAgro USA, Inc.
 2520 Meridian Parkway, Suite 525, Durham, NC 27713



9501500-000-20090917

Net Contents ~~2.5~~ Gallons
1 gallon

Item # 17



Proplant™

Turf and Ornamental Fungicide

For Control of Pythium and Phytophthora

ACTIVE INGREDIENT:	% By Wt.
Propamocarb hydrochloride*	66.8%
OTHER INGREDIENTS:	33.2%
TOTAL:	100.0%

*Propyl (3-dimethylamino)propylcarbamate hydrochloride
Contains 6.0 lbs. active ingredient per gallon.

KEEP OUT OF REACH OF CHILDREN

CAUTION

FIRST AID

If swallowed	<ul style="list-style-type: none"> • Call a poison control center or doctor for treatment advice. • Have person sip a glass of water if able to swallow. • Do not induce vomiting unless told to do so by a poison control center or doctor. • Do not give anything by mouth to an unconscious person.
If on skin or clothing	<ul style="list-style-type: none"> • Take off contaminated clothing. • Rinse skin immediately with plenty of water for 15-20 minutes. • Call a poison control center or doctor for treatment advice.

HOT LINE NUMBER

Have the product container or label with you when calling a poison control center or doctor, or going for treatment. For medical emergencies, call (800) 858-7378.

FOR 24-HOUR EMERGENCY ASSISTANCE (SPILL, LEAK, OR FIRE)
CALL CHEMTREC® (800) 424-9300.

EPA Reg. No. 55260-9, EPA Est. No. 70815-GA-001

9504525-000-20090913

NET CONTENTS: 1 Gal



SipcamAdvan



PROPLANT