

CMS - Central Management Services Purchase Order

P.O. Date: 2/19/2019

Blanket Order Number

18-416CMS-BOSS4-P-
4411

Master Contract? Y

Master Con/Ref #: 9100000742

V E N D O R	Vendor Number: V00001915
	Clarke Mosquito Control Products
	675 Sidwell Ct
	St. Charles, IL 60174
	customer@clarke.com (800) 323-5727

S H I P T O	Bureau of Strategic Sourcing
	1000 E. Converse Street
	Springfield, IL 62702
	US
	Email: IL.BidBuy@illinois.gov (217) 557-5695

B I L L T O	Bureau of Strategic Sourcing
	1000 E. Converse Street
	Springfield, IL 62702
	US
	Email: IL.BidBuy@illinois.gov (217) 557-5695

VENDOR INSTRUCTIONS:

PURCHASE ORDER REQUIREMENTS - STATE OF ILLINOIS AGENCIES

Prior to commencement of billable work, delivery of supplies or rendering of any service on a Purchase Order:

--Initial Purchase Order/Contract - All parties, including the State and vendor, must fully execute the contract in its entirety.

--Release from an existing Purchase Order/Contract - The vendor must receive a Purchase Order signed by the State Agency and attached in BidBuy. Note, for any additional requirements see specific State Agency instruction.

PURCHASE ORDERS REQUIREMENTS - OTHER PURCHASING ENTITIES

--Please see specific requirements provided by the purchasing entity.

Shipping Method: Best Way					Freight Terms: Freight Prepaid			
Shipping Terms:					Payment Terms: NA			
Solicitation (Bid) No.: 18-416CMS-BOSS4-B-365					Delivery Calendar Day(s) A.R.O.: 7			
Contract Begin Date: 02/19/2019					Contract End Date: 02/18/2022			
Item # 1								
Class-Item 190-30								
ALTOSID PELLETS WSP, MOSQUITO LARVICIDE, 30 DAY RESIDUAL.								
US EPA REG. NO.: 2724-448								
QUANTITY PER CASE: 800 PELLETS/CASE SQ.FT. TREATED PER EACH: 135 SQ.FT. TREATED PER CASE: 108,000								
Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
0.00	\$ 672.00	CV	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00

Item # 4
Class-Item 190-30

ALTOSID 30 DAY BRIQUET, MOSQUITO LARVICIDE, 30 DAY RESIDUAL.
US EPA REG. NO.: 2724-375
QUANTITY PER CASE: 400 BRIQUETS/CASE SQ.FT. TREATED PER EACH: 100 SQ.FT. TREATED PER CASE: 40,000

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
0.00	\$ 464.00	CV	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00

Item # 5
Class-Item 190-30

ALTOSID XR BRIQUET, MOSQUITO LARVICIDE, 150 DAY RESIDUAL.
US EPA REG. NO.: 2724-421
QUANTITY PER CASE: 220 BRIQUETS/CASE SQ.FT. TREATED PER EACH: 200 SQ.FT. TREATED PER CASE: 44,000

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
0.00	\$ 734.80	CV	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00

Item # 2
Class-Item 190-30

MOSQUITO LARVICIDE - MINIMUM 30 DAY RESIDUAL ACTIVE INGREDIENT: BACILLUS SPHAERICUS FORMULATION: WATER SOLUBLE PACKET (WSP), BRIQUET, TABLETS, PELLETS OR EQUIVALENT:

- 1 Name of Manufacturer- Valent Biosciences
- 2 Trade Name of Product- Vectolex WSP
- 3 Common Name of Product- Vectolex WSP
- 4 Active Ingredient- Bacillus sphaericus
- 5 Formulation- Water Soluble Pouch
- 6 US EPA Registration Number- 73049-20
- 7 Quantity per case- 800
- 8 Square feet treated per case- 40000
- 9 Square feet treated per each- 50 Sq. ft.
- 10 Number of days of residual control-30 Days

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
0.00	\$ 679.20	CV	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00

Item # 3

Class-Item 190-30

MOSQUITO LARVICIDE - MINIMUM 30 DAY RESIDUAL ACTIVE INGREDIENT: BACILLUS THURINGIENSIS ISRAELENSIS (B.T.I.)
FORMULATION: WATER SOLUBLE PACKET (WSP), BRIQUET, TABLETS, PELLETS OR EQUIVALENT:

Name of Manufacturer- Summit Chemical Co.
Trade Name of Product- Summit BTI Briquets
Common Name of Product- BTI Briquets
Active Ingredient- Bacillus thuringiensis
Formulation- Briquets
US EPA Registration Number- 6218-47
Quantity per case- 100
Square feet treated per case- 10000
Square feet treated per each- 100 Sq. Ft.
Number of days of residual control- 30 Days

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
0.00	\$ 85.00	CV	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00

Item # 6

Class-Item 190-30

MOSQUITO LARVICIDE - MINIMUM 30 DAY RESIDUAL

ACTIVE INGREDIENT: SPINOSAD

FORMULATION: WATER SOLUBLE PACKET (WSP), BRIQUET, TABLETS, PELLETS OR EQUIVALENT:

Name of Manufacturer- Clarke Mosquito Control Products, Inc.
Trade Name of Product- Natular T30
Common Name of Product- Natular T30
Active Ingredient- Spinosad
Formulation- Tablet
US EPA Registration Number- 8329-85
Quantity per case- 400
Square feet treated per case- 40000
Square feet treated per each- 100 Sq. Ft.
Number of days of residual control- 30 Days

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
0.00	\$ 600.00	CV	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00

Item # 7

Class-Item 190-30

MOSQUITO LARVICIDE - MINIMUM 90 DAY RESIDUAL

ACTIVE INGREDIENT: SPINOSAD

FORMULATION: WATER SOLUBLE PACKET (WSP), BRIQUET, TABLETS, PELLETS OR EQUIVALENT:

Name of Manufacturer- Clarke Mosquito Control Products, Inc.

Trade Name of Product-Natular XRT

Common Name of Product- Natular XRT

Active Ingredient- Spinosad

Formulation- Tablet

US EPA Registration Number- 8329-84

Quantity per case- 220

Square feet treated per case- 22000

Square feet treated per each- 100 Sq. Ft.

Number of days of residual control- 180 Days

Quantity	Unit Price	UOM	Discount %	Total Discount Amt.	Tax Rate	Tax Amount	Freight	Total Cost
0.00	\$ 899.80	CV	0.00 %	\$ 0.00		\$ 0.00	\$ 0.00	\$ 0.00

TAX: \$ 0.00
FREIGHT: \$ 0.00
TOTAL: \$ 0.00

The undersigned agree to the Terms and Conditions as acknowledged by the Vendor and maintained in the State of Illinois' e-procurement system. This agreement consists of all terms as maintained in the state's e-procurement system inclusive of attached documents. The Vendor affirms that the Certifications and Financial Disclosures and Conflicts of Interest are true and accurate as of the date of the Vendor's execution of this Agreement. State documents will prevail in the event of a conflict between State and Vendor documents and information. The undersigned agree to the Terms and Conditions of this agreement:

OFFICIAL SIGNATURES:

Vendor Name: _____

Vendor
Signature: _____

Printed Name: _____

Title: _____

Phone #: _____

Email: _____

Date: _____

State of Illinois Agency or Other Purchasing Entity
Procuring State Agency or Entity: _____

Official
Signature: _____

Printed Name: _____

Title: _____

Designee Signature: _____

Printed Name: _____

Title: _____

Date: _____

Legal
Signature: _____

Printed Name: _____

Title: _____

Date: _____

Fiscal
Signature: _____

Printed Name: _____

Title: _____

Date: _____

FOR STATE OF ILLINOIS USE ONLY:

Acq. Type: _____ Source Sel. Method: _____

Using Agency Funding Source: _____

Detailed Expenditure Object Code: _____

Approp. Acct Code: _____

Award Code: _____

Original Proc. Method: _____

Subcontractors Disclosed: _____

Subcontractors Utilized: _____

Publication Date: _____ Financing Needed: _____

IPG Cert/Disclosure Yes _____ No _____

APPROVED

By: Jack Eck

Phone#: (217) 785-1659

BUYER