



REQUEST FOR QUOTES

CITY OF MEDFORD - WATER RECLAMATION DIVISION

Quotation Name: **Bulk FERRIC CHLORIDE 38-42% Supply**

Quote Number: **RFQ 26-003**

Quotation Form must be submitted either electronically or in person to: Ed Sturtevant, WRD Process Control Supervisor
Phone: 541-774-2753
email: ed.sturevant@cityofmedford.org

Address: City of Medford Regional Water Reclamation Facility, 1100 Kirtland Road Central Point, OR, 97502

Quotations will be accepted no later than: **4:00 PM on Friday, April 25, 2025**

Submissions must include the Quotation Number and Quotation Name for easy reference by the city. Please quote herein your lowest price for each of the goods/services listed below to be delivered at the City of Medford-Regional Water Reclamation Plant Facility (RWRF) at the above address. The City will require a certification of tax compliance, insurance if not shipped by third party, and an executed contract or purchase order for this supply. See attached Scope of Supply (Exhibit "A"), Tax certification of compliance form (Attachment 1).

THE RIGHT IS RESERVED TO ACCEPT OR REJECT QUOTATIONS ACCORDING TO ORS 279 AND MEDFORD MUNICIPAL CITY CODE.

THIS IS NOT AN ORDER

ITEM	DESCRIPTION	SUM TOTAL BID/GAL
1	FERRIC CHLORIDE 38-42% SUPPLY AND DELIVERY TO THE CITY OF MEDFORD RWRF PER EXHIBIT "A"	\$_____

Prices quoted are firm for a period of _____ days, to the Date of _____

I, _____ by my signature below hereby agree to supply specified chemicals as stipulated herein for the prices listed above, and as conditioned in Exhibit "A" attached hereto as a part of this quote.

Name of Company: _____ Address: _____

Signature: _____ Print/Type Name: _____



EXHIBIT "A"

REQUEST FOR QUOTES

SCOPE OF SUPPLY

FERRIC CHLORIDE 38-42%

- Quote price for the chemical to be delivered F.O.B Destination for a contract term of one year starting July 1, 2025, and ending June 30, 2026. A one (1) year renewal option may be available
- **Any changes in rates, fees, or other charges must be approved by the WRD Manager in writing no less than 30 days prior to taking effect.**
- Quoted price shall reflect unit price for duration of contract, including one (1) year renewal option.
- Approximately 9,500 gallons/year delivered to City of Medford RWRF
- Delivery volume is approximately three (3) 300-gal totes every four (4) weeks.
- Shipments will be made upon request by the City of Medford. Suppliers must be capable of delivering chemicals within 14 calendar days after receipt of request.
- Deliveries must be made Wednesdays between the hours of 06:00 and 14:00. Deliveries outside of the established times may be arranged on a case-by-case basis. Deliveries outside the established times that are not pre-arranged or approved may be rejected at the supplier's expense.
- The City will provide labor and equipment to off-load totes and load empty totes.
- Certificates of Analysis must accompany each shipment. Shipments not accompanied by a Certificate of Analysis will be refused at supplier's expense.
- The City of Medford may reject any bid it deems incomplete or otherwise non-responsive by notifying the vendor in writing of the reason for bid rejection.

*****The City of Medford reserves the right to award multiple contracts for this chemical supply.**

ATTACHMENT 1



CONTRACTOR CERTIFICATION OF TAX COMPLIANCE

Contractor certifies to the City of Medford that:

To the best of Contractor's knowledge, after due inquiry, currently and for a period of six calendar years preceding this submittal, Contractor has complied with:

- (a) All tax laws of the State of Oregon, including but not limited to ORS. 305.620 and ORS chapters 316, 317, and 318.
- (b) Any tax provisions imposed by any City, County, or other political subdivision of the State of Oregon that applied to Contractor, to Contractor's property, operations, receipts, or income, or to Contractor's performance of or compensation for any work performed by Contractor.
- (c) Offeror shall provide written notice to Agency within two business days of any change to the Offeror's status of tax law compliance.

Dated this ____ day of _____ 20__

Signed

Name of Contractor Print or Type

Street Address

City

State

Zip