****

**STATE OF NORTH CAROLINA**

**NC Department of Public Safety**

**Invitation for Bids #: 19-IFB-****802937113-GDX**

**Waste and Recycling Services**

**Date of Issue: October 23, 2023**

**Bid Opening Date: November 20, 2023**

**At ­­­ 2:00 PM ET**

**Direct all inquiries concerning this IFB to:**

Denise S. Goodwin

Purchasing Agent II



**STATE OF NORTH CAROLINA**

**Invitation for Bid #**

**19-IFB-380293711-GDX**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For internal State agency processing, including tabulation of bids, provide your company’s eVP (Electronic Vendor Portal) Number. Pursuant to G.S. 132-1.10(b) this identification number shall not be released to the public. **This page will be removed and shredded, or otherwise kept confidential**, before the procurement file is made available for public inspection.

**This page shall be filled out and returned with your bid.  
Failure to do so may subject your bid to rejection.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Vendor Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor eVP#

**Note**: For a contract to be awarded to you, your company (you) must be a North Carolina registered vendor in good standing. You must enter the vendor number assigned through eVP (Electronic Vendor Portal). If you do not have a vendor number, register at <https://vendor.ncgov.com/vendor/login>

|  |  |
| --- | --- |
| **STATE OF NORTH CAROLINA**  ***NC Department of Public Safety*** | |
| **Refer *ALL* Inquiries regarding this IFB to the procurement lead through the Message Board in the Sourcing Tool. See section 2.4 for details:**  **Denise S. Goodwin** | **Invitation for Bid #: 19-IFB-802937113-GDX** |
| **Bids will be publicly opened: November 20, 2023 @ 2:00 pm ET**  Microsoft Teams meeting  Join on your computer, mobile app or room device  [Click here to join the meeting](https://teams.microsoft.com/l/meetup-join/19%3ameeting_ZDRiZGYwMmQtZDhjMC00ZDg2LTk3NjctY2JjZjJlYWZkNWI3%40thread.v2/0?context=%7b%22Tid%22%3a%227a7681dc-b9d0-449a-85c3-ecc26cd7ed19%22%2c%22Oid%22%3a%22829dabf8-6635-428a-a584-d19f80fbce5f%22%7d)  Meeting ID: 215 523 271 507  Passcode: QNMznk  [Download Teams](https://www.microsoft.com/en-us/microsoft-teams/download-app) | [Join on the web](https://www.microsoft.com/microsoft-teams/join-a-meeting)  **Join with a video conferencing device**  ncgov@m.webex.com  Video Conference ID: 112 981 960 5  [Alternate VTC instructions](https://www.webex.com/msteams?confid=1129819605&tenantkey=ncgov&domain=m.webex.com)  **Or call in (audio only)**  [+1 984-204-1487,,767234481#](tel:+19842041487,,767234481# )   United States, Raleigh  Phone Conference ID: 767 234 481#  [Find a local number](https://dialin.teams.microsoft.com/c102d528-0544-4660-b869-294e85047e28?id=767234481) | [Reset PIN](https://dialin.teams.microsoft.com/usp/pstnconferencing) |
| **Using Agency: NCDPS - Statewide** | **Commodity No. and Description: 721540 – Waste & Recycle Services** |

**EXECUTION**

In compliance with this Invitation for Bid (IFB), and subject to all the conditions herein, the undersigned Vendor offers and agrees to furnish and deliver any or all items upon which prices are bid, at the prices set opposite each item within the time specified herein.

By executing this bid, the undersigned Vendor understands that false certification is a Class I felony and certifies that:

* this bid is submitted competitively and without collusion (G.S. 143-54),
* none of its officers, directors, or owners of an unincorporated business entity has been convicted of any violations of Chapter 78A of the General Statutes, the Securities Act of 1933, or the Securities Exchange Act of 1934 (G.S. 143-59.2), and
* it is not an ineligible Vendor as set forth in G.S. 143-59.1.

Furthermore, by executing this bid, the undersigned certifies to the best of Vendor’s knowledge and belief, that:

* it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal or State department or agency.

As required by G.S. 143-48.5, the undersigned Vendor certifies that it, and each of its sub-Contractors for any Contract awarded as a result of this IFB, complies with the requirements of Article 2 of Chapter 64 of the NC General Statutes, including the requirement for each employer with more than 25 employees in North Carolina to verify the work authorization of its employees through the federal E-Verify system.

As required by Executive Order 24 (2017), the undersigned vendor certifies will comply with all Federal and State requirements concerning fair employment and that it does not and will not discriminate, harass, or retaliate against any employee in connection with performance of any Contract arising from this solicitation.

G.S. 133-32 and Executive Order 24 (2009) prohibit the offer to, or acceptance by, any State Employee associated with the preparing plans, specifications, estimates for public contracts; or awarding or administering public contracts; or inspecting or supervising delivery of the public contract of any gift from anyone with a contract with the State, or from any person seeking to do business with the State. By execution of this response to the IFB, the undersigned certifies, for Vendor’s entire organization and its employees or agents, that Vendor is not aware that any such gift has been offered, accepted, or promised by any employees of your organization.

By executing this bid, Vendor certifies that it has read and agreed to the **INSTRUCTION TO VENDORS** andthe **NORTH** **CAROLINA GENERAL TERMS AND CONDITIONS** incorporated herein**.** These documents can be accessed from the Ariba Sourcing Tool.

**Failure to execute/sign bid prior to submittal may render bid invalid and it MAY BE REJECTED. Late bids shall not be accepted.**

|  |  |  |  |
| --- | --- | --- | --- |
| COMPLETE/FORMAL NAME OF VENDOR: | | | |
| STREET ADDRESS: | | P.O. BOX: | ZIP: |
| CITY & STATE & ZIP: | | TELEPHONE NUMBER: | TOLL FREE TEL. NO: |
| PRINCIPAL PLACE OF BUSINESS ADDRESS IF DIFFERENT FROM ABOVE (SEE INSTRUCTIONS TO VENDORS ITEM #21): | | | |
| PRINT NAME & TITLE OF PERSON SIGNING ON BEHALF OF VENDOR: | | FAX NUMBER: | |
| **VENDOR’S AUTHORIZED SIGNATURE\***: | **DATE:** | EMAIL: | |

**VALIDITY PERIOD**

Offer shall be valid for at least ninety (90) days from date of bid opening, unless otherwise stated here: \_\_\_\_\_\_ days, or if extended by mutual agreement of the parties in writing. Any withdrawal of this offer shall be made in writing, effective upon receipt by the agency issuing this IFB.

**ACCEPTANCE OF BIDS**

If your bid is accepted, all provisions of this IFB, along with the written results of any negotiations, shall constitute the written agreement between the parties (“Contract”). The NORTH CAROLINA GENERAL TERMS AND CONDITIONS are incorporated herein and shall apply. Depending upon the Goods or Services being offered, other terms and conditions may apply, as mutually agreed.

|  |
| --- |
| **FOR STATE USE ONLY:** Offer accepted and Contract awarded this\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_, as indicated on  The attached certification, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.  **Authorized Representative of North Carolina Department of Public Safety** |

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# PURPOSE AND BACKGROUND

The purpose of this Invitation for Bids (IFB) is to seek competitive bids from qualified Vendors to provide waste and recycling services for the North Carolina Department of Public Safety at various district offices and warehouses across the State during the contract period.

Bids shall be submitted in accordance with the terms and conditions of this IFB and any addenda issued hereto.

The intent of this solicitation is to award an Agency Specific Term Contract.

1.1 CONTRACT TERM

The service contract shall be for a period of two (2) years and shall begin when a purchase order has been issued by the Department of Public Safety, subject to the continuation of the program and the availability of funds. The Department of Public Safety reserves the right to extend the contract for an additional three (3), one (1) year periods, making the total length of the contract five (5) years.

The North Carolina Department of Public Safety reserves the right to add or delete equipment during the term of the contract and further reserves the right to add or delete equipment locations and facilities in the same geographic region upon (30) days written notice to the Vendor throughout the term of the contract to include any extensions.

The Vendor shall begin work under the Contract within *thirty (30)* business days of the Effective Date.

Bids shall be submitted in accordance with the terms and conditions of this IFB and any addenda issued hereto.

# GENERAL INFORMATION

* 1. **INVITATION FOR BIDS DOCUMENT**

The IFB is comprised of the base IFB document, any attachments, and any addenda released before Contract award. All attachments and addenda released for this IFB in advance of any Contract award are incorporated herein by reference.

## E-PROCUREMENT FEE

**ATTENTION: This is an NC eProcurement solicitation facilitated by the Ariba Network. The E-Procurement fee may apply to this solicitation. See the paragraph entitled ELECTRONIC PROCUREMENT of the North Carolina General Terms and Conditions.**

General information on the E-Procurement Services can be found at: <http://eprocurement.nc.gov/>.

**What is the Ariba Network?**

The Ariba Network is a web-based platform that serves as a connection point for buyers and vendors. Vendors can log in to the Ariba Network to view purchase orders, respond to electronic requests for quotes, participate in Sourcing Events, and collaborate with buyers on contract documents.

For training on how to use the Sourcing Tool to view solicitations, submit questions, develop responses, upload documents, and submit offers to the State, Vendors should go to the following site:

http://eprocurement.nc.gov/training/vendor-training.

## NOTICE TO VENDORS REGARDING IFB TERMS AND CONDITIONS

It shall be the Vendor’s responsibility to read the Instructions to Vendors, the North Carolina General Terms and Conditions, all relevant exhibits and attachments, and any other components made a part of this IFB and comply with all requirements and specifications herein. Vendors are also responsible for obtaining and complying with all Addenda and other changes that may be issued in connection with this IFB.

If Vendors have questions or issues regarding any component of this IFB, those must be submitted as questions in accordance with the instructions in the BID QUESTIONS Section. If the State determines that any changes will be made as a result of the questions asked, then such decisions will be communicated in the form of an IFB addendum. The State may also elect to leave open the possibility for later negotiation of specific provisions of the Contract that have been addressed during the question-and-answer period, prior to contract award.

Other than through the process of negotiation under 01 NCAC 05B.0503, the State rejects and will not be required to evaluate or consider any additional or modified terms and conditions submitted with Vendor’s bid or otherwise. This applies to any language appearing in or attached to the document as part of the Vendor’s bid that purports to vary any terms and conditions or Vendors’ instructions herein or to render the bid non-binding or subject to further negotiation. Vendor’s bid shall constitute a firm offer that shall be held open for the period required herein (“Validity Period” above).

**The State may exercise its discretion to consider Vendor proposed modifications. By execution and delivery of this IFB Response, the Vendor agrees that any additional or modified terms and conditions, whether submitted purposely or inadvertently, shall have no force or effect, and will be disregarded** **unless expressly agreed upon during negotiations and incorporated by way of a Best and Final Offer (BAFO). Noncompliance with, or any attempt to alter or delete, this paragraph shall constitute sufficient grounds to reject Vendor’s bid as nonresponsive.**

## IFB SCHEDULE

The table below shows the *intended* schedule for this IFB. The State will make every effort to adhere to this schedule.

|  |  |  |
| --- | --- | --- |
| **Event** | **Responsibility** | **Date and Time** |
| Issue IFB | State | October 23, 2023 |
| Urged & Cautioned - Site Visit | State | May schedule with POC at Each Location |
| Submit Written Questions | Vendor | November 08, 2023 @ 2:00 pm |
| Provide Response to Questions | State | November 13, 2023 @ 2:00 pm |
| Submit Bids | Vendor | November 20, 2023 @ 2:00 pm |
| Contract Award | State | TBD |

## URGED & CAUTION SITE VISIT

**Urged and Cautioned**

Date & Time: Schedule with POC at Each Location prior to November 01, 2023

Location: Locations provided on the Pricing Forms

Contact #: Provided on Each Location Pricing Form Sheet – Attachment A

**Instructions**: Vendor representatives are URGED and CAUTIONED to visit the site and apprise themselves of the conditions and requirements which will affect the performance of the work called for by this IFB. A non-mandatory site visit is scheduled for this IFB. Submission of a bid shall constitute sufficient evidence of this compliance and no allowance will be made for unreported conditions which a prudent Vendor would recognize as affecting the performance of the work called for in this IFB.

Vendor is cautioned that any information released to attendees during the site visit, other than that involving the physical aspects of the facility referenced above, and which conflicts with, supersedes, or adds to requirements in this IFB, must be confirmed by written addendum before it can be considered to be a part of this IFB and any resulting contract.

## BID QUESTIONS

Upon review of the IFB documents, Vendors may have questions to clarify or interpret the IFB in order to submit the best bid possible. To accommodate the Bid Questions process, Vendors shall submit any such questions by the “Submit Written Questions” date and time provided in the IFB SCHEDULE Section above, unless modified by Addendum.

Questions related to the content of the solicitation, or the procurement process should be directed to the person on the title page of this document via the Sourcing Tool's message board by the date and time specified in the IFB SCHEDULE Section of this IFB. Vendors will enter “**IFB # 19-IFB-802937113-GDX – Questions**” as the subject of the message. Question submittals should include a reference to the applicable IFB section. This is the only manner in which questions will be received.

Questions or issues related to using the Sourcing Tool itself can be directed to the North Carolina eProcurement Help Desk at 888-211-7440, Option 2. Help Desk representatives are available Monday through Friday from 7:30 AM ET to 5:00 PM ET.

Questions received prior to the submission deadline date, the State’s response, and any additional terms deemed necessary by the State will be posted in the Sourcing Tool in the form of an addendum and shall become an Addendum to this IFB. No information, instruction or advice provided orally or informally by any State personnel, whether made in response to a question or otherwise in connection with this IFB, shall be considered authoritative or binding. Vendors shall rely *only* on written material contained in the IFB and an addendum to this IFB.

## BID SUBMITTAL

**IMPORTANT NOTE:** **This is an absolute requirement.** Late bids, regardless of cause, will not be opened or considered, and will be automatically disqualified from further consideration. Vendor shall bear the sole risk of late submission due to unintended or unanticipated delay. It is the Vendor’s sole responsibility to ensure its bid has been received as described in this IFB by the specified time and date of opening. Failure to submit a bid in strict accordance with instructions provided shall constitute sufficient cause to reject a Vendor’s bids(s). Solicitation responses are subject to Sealed Bidding requirements.

Vendor’s bids for this procurement must be submitted through the Sourcing Tool. For training on how to use the Sourcing Tool to view solicitations, submit questions, develop responses, upload documents, and submit offers to the State, Vendors should go to the following site: <https://eprocurement.nc.gov/training/vendor-training>

Questions or issues related to using the Sourcing Tool itself can be directed to the North Carolina eProcurement Help Desk at 888-211-7440, Option 2. Help Desk representatives are available Monday through Friday from 7:30 AM EST to 5:00 PM EST.

Tips for Using the Sourcing Tool

1. Vendors should review available training and confirm that they are able to access the Sourcing Event, enter responses, and upload files well in advance of the date and time response are due to allow sufficient time to seek assistance from the North Carolina eProcurement Help Desk.
2. Vendors may submit their responses early to make sure there are no issues, and then submit a revised response any time prior to the response due date and time. The State will only review the most recent response.
3. Vendors should respond to all relevant sections of the Sourcing Event. Certain questions or items are required in order to submit a response and are denoted with an asterisk. The Sourcing Tool will not allow a response to be submitted unless all required items are completed. The Sourcing Tool will provide error messages to help identify any required information that is missing when response is submitted.
4. Simply saving your response in the Sourcing Tool is not the same as submitting your response to the State. Vendors should make sure they complete the submission process and receive a message that their response was successfully submitted.

If confidential and proprietary information is included in the bid, also submit one (1) signed, REDACTED copy of the bid. Such information may include trade secrets defined by N.C. Gen. Stat. § 66-152 and other information exempted from the Public Records Act pursuant to N.C. Gen. Stat. §132- 1.2.

Vendor may designate information, Products, Services, or appropriate portions of its response as confidential, consistent with and to the extent permitted under the statutes and rules set forth above. By so redacting any page, or portion of a page, the Vendor warrants that it has formed a good faith opinion, having received such necessary or proper review by counsel and other knowledgeable advisors, that the portions determined to be confidential and proprietary and redacted as such, meet the requirements of the Rules and Statutes set forth above. However, under no circumstances shall price information be designated as confidential.

If the Vendor does not provide a redacted version of the bid with its bid submission, the Department may release an unredacted version if a record request is received.

## BID CONTENTS

Vendors shall provide responses to all questions and complete all attachments for this IFB that require the Vendor to provide information and upload them to the Sourcing Event in the Sourcing Tool. Vendor may not be able to submit its response in the Sourcing Tool unless all required items are addressed. Vendors shall provide authorized signatures where requested. Failure to provide all required items, or Vendor’s submission of incomplete items, may result in the State rejecting Vendor’s bid, in the State’s sole discretion.

Vendors shall upload the following items and attachments in the Sourcing Tool:

1. Title Page: Include the company name, address, phone number and authorized representative along with the Bid Number.
2. Completed and signed version of all EXECUTION PAGES, along with the body of the IFB.
3. Signed receipt pages of any addenda released in conjunction with this IFB, if required to be returned.
4. Vendor’s Response.
5. Completed version of ATTACHMENT A: PRICING FORM
6. Completed and signed version of ATTACHMENT D: HUB SUPPLEMENTAL VENDOR INFORMATION
7. Completed and signed version of ATTACHMENT E: CUSTOMER REFERENCE FORM
8. Completed and signed version of ATTACHMENT F: LOCATION OF WORKERS UTILIZED BY VENDOR
9. Completed and signed version of ATTACHMENT G: CERTIFICATION OF FINANCIAL CONDITION
10. Completed and signed version of ATTACHMENT H: Alcohol / Drug-Free Workplace Policy

# METHOD OF AWARD AND BID EVALUATION PROCESS

## METHOD OF AWARD

North Carolina G.S. 143-52 provides a general list of criteria the State shall use to award contracts, as supplemented by the additional criteria herein. The Goods or Services being procured shall dictate the application and order of criteria; however, all award decisions shall be in the State’s best interest.

All responsive bids will be reviewed, and an award or awards will be based on the responsive bid(s) offering the lowest price that meets the specifications provided herein, to include any required verifications set out here in such as but not limited to past performance, references, and financial documents.

The right is reserved to award this contract to a single overall bidder **or multiple Vendors** on all items, or to make awards on the basis of individual items or groups of items, whichever shall be considered by the State to be most advantageous or to constitute its best interest. The right is also reserved to not make a total award to a bidder for less than: $1,000 on contracts valued at less than $25,000; or $2,500 on contracts valued at over $25,000.

The status of a Vendor’s e-Procurement Services account(s) that is in arrears by 91 days or more at the time of bid opening shall be considered a relevant factor in determining whether to award a Contract under this IFB.

## CONFIDENTIALITY AND PROHIBITED COMMUNICATIONS DURING EVALUATION

While this IFB is under evaluation, the responding Vendor, including any subcontractors and suppliers, is prohibited from engaging in conversations intended to influence the outcome of the evaluation. See Paragraph 29. of the Instructions to Vendors entitled COMMUNICATOINS BY VENDORS

Each Vendor submitting a bid to this IFB, including its employees, agents, subcontractors, suppliers, subsidiaries and affiliates, is prohibited from having any communications with any person inside or outside the using agency; issuing agency; other government agency office or body (including the purchaser named above, any department secretary, agency head, members of the General Assembly and Governor’s office); or private entity, if the communication refers to the content of Vendor’s bid or qualifications, the content of another Vendor’s proposal, another Vendor’s qualifications or ability to perform a resulting contract, and/or the transmittal of any other communication of information that could be reasonably considered to have the effect of directly or indirectly influencing the evaluation of proposals, the award of a contract, or both.

Any Vendor not in compliance with this provision shall be disqualified from evaluation and award. A Vendor’s proposal may be disqualified if its subcontractor and/or supplier engage in any of the foregoing communications during the time that the procurement is active (*i.e.*, the issuance date of the procurement until the date of contract award or cancellation of the procurement). Only those discussions, communications or transmittals of information authorized or initiated by the issuing agency for this IFB or inquiries directed to the purchaser named in this IFB regarding requirements of the IFB (prior to proposal submission) or the status of the award (after submission) are excepted from this provision.

## BID EVALUATION PROCESS

Only responsive submissions will be evaluated.

**The State will conduct an evaluation of responsive Bids, as follows:**

Bids will be received according to the method stated in the Bid Submittal section above.

All bids must be received by the issuing agency not later than the date and time specified in the IFB SCHEDULE Section above, unless modified by Addendum. Vendors are cautioned that this is a request for offers, not an offer or request to contract, and the State reserves the unqualified right to reject any and all offers at any time if such rejection is deemed to be in the best interest of the State.

At the date and time provided in the IFB SCHEDULE Section above, unless modified by Addendum, the bids from each responding Vendor will be opened publicly and all offers (except those that have been previously withdrawn, or voided bids) will be tabulated. The tabulation shall be made public at the time it is created. When negotiations after receipt of bids is authorized pursuant to G.S. 143-49 and 01 NCAC 05B.0503, only the names of offerors and the Goods and Services offered shall be tabulated at the time of opening. Cost and price shall become available for public inspection at the time of the award. Interested parties are cautioned that these costs and their components are subject to further evaluation for completeness and correctness and therefore may not be an exact indicator of a Vendor’s pricing position.

At their option, the evaluators may request oral presentations or discussions with any or all Vendors for clarification or to amplify the materials presented in any part of the bid. Vendors are cautioned, however, that the evaluators are not required to request presentations or other clarification—and often do not. Therefore, all bids should be complete and reflect the most favorable terms available from the Vendor. Prices bid cannot be altered or modified as part of a clarification.

Bids will generally be evaluated, based on completeness, content, cost and responsibility of the Vendor to supply the requested Goods and Services. Specific evaluation criteria are listed in Section 3.1 METHOD OF AWARD.

Upon completion of the evaluation process, the State will make Award(s) based on the evaluation and post the award(s) to the electronic Vendor Portal (eVP), https://evp.nc.gov, under the IFB number for this solicitation. Award of a Contract to one Vendor does not mean that the other bids lacked merit, but that, all factors considered, the selected bid was deemed most advantageous and represented the best value to the State.

The State reserves the right to negotiate with one or more Vendors, or to reject all original offers and negotiate with one or more sources of supply that may be capable of satisfying the requirement, and in either case to require Vendor to submit a Best and Final Offer (BAFO) based on discussions and negotiations with the State.

## PERFORMANCE OUTSIDE THE UNITED STATES

Vendor shall complete **ATTACHMENT F: LOCATION OF WORKERS UTILIZED BY VENDOR**. In addition to any other evaluation criteria identified in this IFB, the State may also consider, for purposes of evaluating proposed or actual contract performance outside of the United States, how that performance may affect the following factors to ensure that any award will be in the best interest of the State:

1. Total cost to the State
2. Level of quality provided by the Vendor
3. Process and performance capability across multiple jurisdictions
4. Protection of the State’s information and intellectual property
5. Availability of pertinent skills
6. Ability to understand the State’s business requirements and internal operational culture
7. Particular risk factors such as the security of the State’s information technology
8. Relations with citizens and employees
9. Contract enforcement jurisdictional issues

## INTERPRETATION OF TERMS AND PHRASES

This IFB serves two functions: (1) to advise potential Vendors of the parameters of the solution being sought by the State; and (2) to provide (together with other specified documents) the terms of the Contract resulting from this procurement. The use of phrases such as “shall,” “must,” and “requirements” are intended to create enforceable contract conditions. In determining whether bids should be evaluated or rejected, the State will take into consideration the degree to which Vendors have proposed or failed to propose solutions that will satisfy the State’s needs as described in the IFB. Except as specifically stated in the IFB, no one requirement shall automatically disqualify a Vendor from consideration. However, failure to comply with any single requirement may result in the State exercising its discretion to reject a bid in its entirety.

# **REQUIREMENTS**

This Section lists the requirements related to this IFB. By submitting a bid, the Vendor agrees to meet all stated requirements in this Section as well as any other specifications, requirements, and terms and conditions stated in this IFB. If a Vendor is unclear about a requirement or specification or believes a change to a requirement would allow for the State to receive a better bid, the Vendor is urged to submit these items in the form of a question during the question and answer period in accordance with the Bid Questions Section above.

* 1. **PRICING**

Bid price shall constitute the total cost to State for delivery fully assembled and ready for use, including all applicable charges for shipping, delivery, handling, administrative and other similar fees. Vendor shall not invoice for any amounts not specifically allowed for in this IFB. Complete **ATTACHMENT A: PRICING FORM** and include with Bid.

* 1. **INVOICES**

Vendor shall invoice the Ordering Entity. The standard format for invoicing shall be Single Invoices meaning that the Vendor shall provide the Buyer with an invoice for each order. Invoices shall include detailed line item information to allow Buyer to verify pricing at point of receipt matches the correct price from the original date of order. At a minimum, the following fields shall be included on all invoices:

Vendor’s Billing Address, NC Vendor ID Number, Customer Account Number, NC Contract Number, Order Date, Buyers Order Number, Manufacturer Part Numbers, Vendor Part Numbers, Item Descriptions, Price, Quantity, and Unit of Measure.

* 1. **FINANCIAL STABILITY**

As a condition of contract award, the Vendor must certify that it has the financial capacity to perform and to continue to perform its obligations under the Contract; that Vendor has no constructive or actual knowledge of an actual or potential legal proceeding being brought against Vendor that could materially adversely affect performance of this Contract; and that entering into this Contract is not prohibited by any contract, or order by any court of competent jurisdiction.

Each Vendor shall certify it is financially stable by completing **ATTACHMENT G: CERTIFICATION OF FINANCIAL CONDITION**. The State is requiring this certification to minimize potential issues from contracting with a Vendor that is financially unstable. From the date of the Certification to the expiration of the Contract, the Vendor shall notify the State within thirty (30) days of any occurrence or condition that materially alters the truth of any statement made in this Certification. The Contract Manager may require annual recertification of the Vendor’s financial stability.

* 1. **HUB PARTICIPATION**

Pursuant to North Carolina General Statute G.S. 143-48, it is State policy to encourage and promote the use of small, minority, physically handicapped, and women contractors in purchasing Goods and Services. As such, this IFB will serve to identify those Vendors that are minority owned or have a strategic plan to support the State’s Historically Underutilized Business program by meeting or exceeding the goal of 10% utilization of diverse firms as 1st or 2nd tier subcontractors. Vendor shall complete **ATTACHMENT D: HUB SUPPLEMENTAL VENDOR INFORMATION**.

* 1. **REFERENCES**

Vendor shall include at least three (3) references, using **ATTACHMENT E: CUSTOMER REFERENCE FORM**, for which it has provided Services of similar size and scope to those proposed herein. The State may contact these users to determine whether the Services provided are substantially similar in scope to those proposed herein and whether Vendor’s performance has been satisfactory. The information obtained may be considered in the evaluation of the Bid.

* 1. **BACKGROUND CHECKS**

Any personnel or agent of Vendor performing Services under any Contract arising from this IFB may be required to undergo a background check at the expense of the Vendor, if so requested by the State.

1. Any **criminal felony conviction,** or conviction of any crime involving moral turpitude, including, but not limited to fraud, misappropriation or deception, by Vendor, its officers or directors, or any of its employees or other personnel to provide Services on this project, of which Vendor has knowledge, or provide a statement that Vendor is aware of none;
2. Any **criminal investigation** for any offense involving moral turpitude, including, but not limited to fraud, misappropriation, falsification or deception pending against Vendor of which it has knowledge, or provide a statement Vendor is aware of none;
3. Any **regulatory sanctions** levied against Vendor or any of its officers, directors or its professional employees expected to provide Services on this project by any state or federal regulatory agencies within the past three years or a statement that there are none. As used herein, the term “regulatory sanctions” includes the revocation or suspension of any license or certification, the levying of any monetary penalties or fines, and the issuance of any written warnings;
4. Any **regulatory investigations** pending against Vendor or any of its officers, directors or its professional employees expected to provide Services on this project by any state or federal regulatory agencies of which Vendor has knowledge or a statement that there are none.
5. Any **civil litigation**, arbitration, proceeding, or judgments pending against Vendor during the three (3) years preceding submission of its bid herein or a statement that there are none.

Vendor’s response to these requests shall be considered a continuing representation, and Vendor’s failure to notify the State within thirty (30) days of any criminal litigation, investigation or proceeding involving Vendor or its then current officers, directors or persons providing Services under this Contract during its term shall constitute a material breach of contract. The provisions of this paragraph shall also apply to any subcontractor utilized by Vendor to perform Services under this Contract.

* 1. **PERSONNEL**

Vendor warrants that qualified personnel shall provide Services under this Contract in a professional manner. “Professional manner” means that the personnel performing the Services will possess the skill and competence consistent with the prevailing business standards in the industry. Vendor will serve as the prime contractor under this Contract and shall be responsible for the performance and payment of all subcontractor(s) that may be approved by the State. Names of any third-party Vendors or subcontractors of Vendor may appear for purposes of convenience in Contract documents; and shall not limit Vendor’s obligations hereunder. Vendor will retain executive representation for functional and technical expertise as needed in order to incorporate any work by third party subcontractor(s).

Should the Vendor’s bid result in an award, the Vendor shall be required to agree that it will not substitute key personnel assigned to the performance of the Contract without prior written approval by the Contract Lead. Vendor shall further agree that it will notify the Contract Lead of any desired substitution, including the name(s) and references of Vendor’s recommended substitute personnel. The State will approve or disapprove the requested substitution in a timely manner. The State may, in its sole discretion, terminate the Services of any person providing Services under this Contract. Upon such termination, the State may request acceptable substitute personnel or terminate the contract Services provided by such personnel.

* 1. **VENDOR’S REPRESENTATIONS**

If Vendor’s bid results in an award, Vendor agrees that it will not enter any agreement with a third party that may abridge any rights of the State under the Contract. If any Services, deliverables, functions, or responsibilities not specifically described in this solicitation are required for Vendor’s proper performance, provision and delivery of the Service and deliverables under a resulting Contract, or are an inherent part of or necessary sub-task included within such Service, they will be deemed to be implied by and included within the scope of the Contract to the same extent and in the same manner as if specifically described in the Contract. Unless otherwise expressly provided herein, Vendor will furnish all of its own necessary management, supervision, labor, facilities, furniture, computer and telecommunications equipment, software, supplies and materials necessary for the Vendor to provide and deliver the Services and/or other Deliverables.

* 1. **AGENCY INSURANCE REQUIREMENTS MODIFICATION**

A. Default Insurance Coverage from the General Terms and Conditions applicable to this Solicitation:

☐ Small Purchases

x Contract value in excess of the Small Purchase threshold, but up to $1,000,000.00

☐ Contract value in excess of $1,000,000.00

1. **SPECIFICATIONS AND SCOPE OF WORK**
2. **SPECIFICATIONS**

Vendor(s) responding to this IFB shall meet the minimal requirements as described herein.

1. **SCOPE OF WORK FOR WASTE REMOVAL**

A. Vendor agrees to provide a complete, efficient, and sanitary waste disposal service, **to include**:

1. Container or compactor rental (in most cases) for trash, non-hazardous food waste and recycling materials such as cardboard, paper, plastic bottles, steel cans and aluminum cans.

1. Pickups and/or hauling of containers (as determined by container type).
2. Paying of landfill fees for disposal of all closed-top containers, and most open-top containers and self-contained compactors.
3. Additional pickups of containers as needed.
4. Vendor shall furnish all necessary equipment, materials and supplies (adequate in kind, quantity and quality) necessary for professionally performing all work in this IFB. Vendor shall reimburse the Department for all losses incurred as a result of Offeror’s negligence, inferior work quality, equipment or supplies.
5. Vendor shall be responsible for the removal and disposal of the contents from each container. Each container shall be emptied, returned to its original position, and the lid replaced and locked where so required. Garbage and refuse spilled by the vendor shall be cleaned or swept up and removed during that current pick-up.
6. Vendor shall furnish containers with leak-proof bodies specifically designed for this service. Equipment shall be properly maintained so that doors, latches, covers, etc., function properly and so that no liquid residue routinely leaks to the site environment. Per DPS security requirements, all closed top containers and containers with side access doors that are located inside the secure confines of facilities shall be equipped with appropriate locking devices to prevent unsupervised access. Where applicable, compactors shall be installed on a concrete pad and maintained in safe and satisfactory operating condition. Compactors shall be equipped with a “panic-proof” control panel, so should any control button be pushed during the advancing stroke of the ram, the control will automatically reverse or stop the ram’s advance. Minimum hydraulic pressure setting for compactor rams shall be 1800 psi, or as required by manufacturer’s operating specifications. All vendor-supplied equipment shall comply with applicable State statutes and codes.
7. Vendor shall clean all containers used by the Department, at minimum once per year. Also:

DPS reserves the right to request additional cleanings when circumstances warrant.

Should vendor remove a soiled container from a facility site for cleaning, a comparable replacement shall be provided.

Vendor shall paint the exterior of rental containers, as needed, to maintain a presentable appearance.

1. Should a regularly-scheduled pickup be missed by the vendor for whatever reason, a credit in accordance with the bid price shall be applied to the monthly invoice. Should a vendor-provided compactor become inoperable, and repairs are expected to take longer than eight (8) hours, an adequate substitute container, or containers shall be provided for waste collection until such time as the compactor can be restored to service. A proportional credit (% of days/month(s) out of service) shall be applied to the monthly rental invoice.
2. If a scheduled pickup falls on a State holiday, vendor shall pick up on the next business day.
3. DPS shall not be liable for any unavoidable delay of vendor during service provision, including but not limited to normal security requirements and/or operating protocols. DPS shall provide prompt processing of vendors through security stations to the extent possible. No additional fees or surcharges shall be added to vendor’s monthly invoice for site delays of any type.
4. Vendor shall, without additional expense to the State, be responsible for obtaining any necessary licensing and permits, and for complying with any Federal, State and Local laws, codes and regulations in connection with the performance of this contract.
5. Where an open top container is transported to the landfill for disposal, vendor shall provide monthly copies of all landfill tickets to the applicable facility. Failure to provide this documentation could delay payment of invoice and may result in termination of the contract for that particular facility.
6. Vendor charges for landfill fees shall reflect the exact amount indicated on the county landfill’s ticket. No “rounding” of landfill fees, or additional vendor charges pertaining to disposal, are allowed under this contract. Failure to comply with this requirement may result in termination of the contract for that particular facility.
7. Changes in equipment, service schedule, or anything related to the performance of vendor at facilities served, shall be approved by the Contract Administrator, Departmental Purchasing & Services, prior to the change becoming effective. Once a change has been properly approved, a new “revised” copy of the original Purchase Order shall be provided to the vendor via standard E-Procurement delivery. Vendors are CAUTIONED that no facility may make a change in equipment and/or service related to the performance of this contract without the necessary prior approval.
8. Vendor shall be responsible for notifying the Contract Administrator, Departmental Purchasing & Services of any changes in recycling mandates for any facility served. Related changes in service will become effective the first day of the next month.
9. Vendor’s employees shall be properly licensed and insured, and in compliance with all Federal, State and Local regulations relating to the transportation and safe handling of refuse.
10. Locations listed within Attachment A of this IFB are those locations currently requiring service. DPS reserves the right to add or delete containers at any of these locations, or to add or delete an entire location during the duration/term of this contract. Additional locations shall be added at a price mutually agreed upon by the vendor and DPS.
11. At locations where the containers are owned by DPS, a container rental fee shall not be allowed.
12. The Department of Public Safety shall not be held liable for any citation or fine that the vendor may incur due to a container exceeding weight limitations for NC highways traveled.
13. Monthly invoices **shall include** the current DPS Purchase Order number for the location being reflected on the invoice. Failure to comply with this requirement may result in delay of payment.
14. If applicable, in addition to meeting Federal and State Laws and requirements concerning hazardous chemicals, contractor shall forward with each invoice a proper and current Material Safety Data Sheet (MSDS). Furthermore, contractor shall furnish the State and/or its agencies additional MSDS as requested.

T. Standards: NSF, UL, ASME, AGA, USDA, and FDA – each as applicable. If applicable, containers to bear

all appropriate seals.

1. All containers must be bid on at each facility. Partial bids shall not be accepted.
2. The awarded vendor(s) will provide ‘Service Level Pickups’ define as the following:
   * Weekly (pick-up 1 time a week)
   * Twice Monthly (pick up every other week -2 times in a given month) (EOW)
   * Monthly (pick up every 4th week – 1 time per month)

W. If the newly awarded vendor is different from the existing vendor arrangements shall be made between the

facility and the vendors for pickup and delivery of the container(s).

1. **SCOPE OF WORK FOR RECYCLING**

The Department of Public Safety desires to contract with a vendor that will provide a service that will collect, pick-up and dispose properly of recyclable materials listed in this IFB according to all standard N.C. Environmental and Waste Management Laws and Legislation introduced by the N.C. Environmental Management Commission and N.C. Division of Waste Management.

A. This IFB is to include aluminum cans, cardboard recycling, paper recycling, metal, plastic or disposal of wooden pallets.

B. The awarded vendor(s) will provide containers that will collect co-mingled aluminum cans, plastic beverage bottles or (recyclable rigid plastic containers as previously defined above), tin cans, and beverage glass (if applicable). In all type containers provided by the awarded vendor, materials will be placed loose in the provided recycle containers; no pre-packaging or pre-bagging by the facility. If pre-packaging / pre-bagging is needed-required by the awarded vendors(s), then materials needed for the pre-packaging / pre-bagging will be provided solely by the awarded vendor(s) at no cost to the facilities along with detailed communication, instructions, and training, if applicable.

C. The awarded vendor(s) will provide recyclable containers per the following descriptions:

* + 2-wheeled recycle cart, 96 gallon up to110 gallon or a standard comparable industrial recyclable ‘low volume’ container.
  + Open –Top container or a standard comparable industrial recyclable ‘high volume’ container with sizes:

- 14 yard: approx. 8.0’ wide x 15’ length, 4.5’ depth or the comparable size equivalent   
- 20 yard: approx. 8.0’ wide x 22’ length, 5.5’ depth or the comparable size equivalent  
- 30 yard: approx. 8.0’ wide x 22’ length, 6.5’ depth or the comparable size equivalent

D. Location of Awarded Vendor(s) provided recycle containers: DPS facilities reserve the right to choose whether it is inside or outside a fence surrounding the perimeter of the facility; therefore, the containers will not need to be made of any special material, have a special cover, or a lock.

**NOTE:** The DPS retains the right to modify the container with a lock if for some reason we have to, and also retain the

right to have the container placed at a spot of our choosing on the property. The awarded vendor’s contact for

security is:

E. The awarded vendor(s) will provide ‘Service Level Pickups’ define as the following:

Weekly (pick-up 1 time a week)

Twice Monthly (pick up every other week -2 times in a given month) (EOW)

Monthly (pick up every 4th week – 1 time per month)

F. If the newly awarded vendor is different from the existing vendor arrangements shall be made between the

facility and the vendors for pickup and delivery of the container(s).

G. The awarded vendor(s) will provide one Service Level “Pick-up Price” per identified Facility. (NOTE: The pick-up price should be inclusive of container rental, haul fee, or any other overhead, etc.)

**NOTE:** Vendor(s) submitting proposals against this IFB may bid on all or any of the facilities and each pricing form for each location must be returned along with this bid document.

# **CONTRACT ADMINISTRATION**

All Contract Administration requirements are conditioned on an award resulting from this solicitation. This information is provided for the Vendor’s planning purposes.

**6.1** **CONTRACT MANAGER AND CUSTOMER SERVICE**

The Vendor shall be required to designate and make available to the State a contract manager. The contract manager shall be the State’s point of contact for Contract related issues and issues concerning performance, progress review, scheduling, and service.

|  |  |
| --- | --- |
| **Contract Manager Point of Contact** | |
| Name: |  |
| Office Phone #: |  |
| Mobile Phone #: |  |
| Email: |  |

The Vendor shall be required to designate and make available to the State for customer service. The customer service point of contact shall be the State’s point of contact for customer service-related issues.

|  |  |
| --- | --- |
| **Customer Service Point of Contact** | |
| Name: |  |
| Office Phone #: |  |
| Mobile Phone #: |  |
| Email: |  |

6.2 CONTINUOUS IMPROVEMENT

The State encourages the Vendor to identify opportunities to reduce the total cost the State. A continuous improvement effort consists of various ways to enhance business efficiencies as performance progresses.

6.3  ACCEPTANCE OF WORK

The State shall have the obligation to notify Vendor, in writing ten (30) calendar days following completion of such work or delivery of a deliverable described in the Contract that it is not acceptable. The notice shall specify in reasonable detail the reason(s) it is unacceptable. Acceptance by the State shall not be unreasonably withheld; but may be conditioned or delayed as required for reasonable review, evaluation, installation, or testing, as applicable to the work or deliverable. Final acceptance is expressly conditioned upon completion of all applicable assessment procedures. Should the work or deliverables fail to meet any specifications, acceptance criteria or otherwise fail to conform to the Contract, the State may exercise any and all rights hereunder, including, for Goods deliverables, such rights provided by the Uniform Commercial Code, as adopted in North Carolina.

6.4 DISPUTE RESOLUTION

During the performance of the Contract, the parties agree that it is in their mutual interest to resolve disputes informally. Any claims by the Vendor shall be submitted in writing to the State’s Contract Manager for resolution. Any claims by the State shall be submitted in writing to the Vendor’s Project Manager for resolution. The Parties shall agree to negotiate in good faith and use all reasonable efforts to resolve such dispute(s).

During the time the Parties are attempting to resolve any dispute, each shall proceed diligently to perform their respective duties and responsibilities under this Contract. The Parties will agree on a reasonable amount of time to resolve a dispute. If a dispute cannot be resolved between the Parties within the agreed upon period, either Party may elect to exercise any other remedies available under the Contract, or at law. This provision, when agreed in the Contract, shall not constitute an agreement by either party to mediate or arbitrate any dispute.

6.5 CONTRACT CHANGES

Contract changes, if any, over the life of the Contract shall be implemented by contract amendments agreed to in writing by the State and Vendor. Amendments to the contract can only be done through the contract administrator.

6.6 ATTACHMENTS

All attachments to this IFB are incorporated herein and shall be submitted by responding in the Sourcing Tool. These attachments can be found at the following Vendor Forms link for reference purposes only:

https://ncadmin.nc.gov/documents/vendor-forms

**ATTACHMENT A – PRICING FORMS**

**The Vendor shall furnish all necessary parts, labor, transportation, equipment, tools, materials and supplies as may be required to provides Waste and Recycling Services for NCDPS in accordance with the terms and conditions and specifications fully incorporated herein.**

**Attachments to this IFB begin on the next page**

**NATIONAL GUARD**

***Unit Name: Albemarle R. C.*** *Phone 704-982-5515*

Address: 120 College Dr. Supply SGT

Albemarle, NC 28001

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. Trash Container picked up 1 time per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Asheboro R. C.*** *Phone 336-625-3064*

Address: 1430 S. Fayetteville Street Supply SGT

Asheboro, NC 27205

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Asheville R.C.*** *Phone 828-271-5000*

Address: 100 Minuteman Drive Supply SGT

Asheville, NC 28806

Number of containers at unit: 2 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container SVC MSW picked up 1 time per week

Container No. 2: 8 cu. yd. trash container SVC OCC picked up 1 time per week

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Belmont R.C.*** *Phone 704-825-8751 ext 10123*

Address: 300 N. Sixth Street Supply SGT

Belmont, NC 28012

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Benson R.C.*** *Phone 919-8944711*

Address: 320 East Main Street Supply SGT

Benson, NC 27504

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Burlington R.C.*** *Phone 336-227-7859*

Address: 1935 N Church Street Supply SGT

Burlington, NC 27615

Number of containers at unit: 2 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2: 6 cu. yd. trash container picked up 2 times per month

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Butner FMS-13*** *Phone 919-575-6320*

Address: 200 West A. Street Shop Chief

Butner, NC 27509

Number of containers at unit: 2 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2: 8 cu. yd. recycling container picked up 2 times per month

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Butner R.C.*** *Phone 919-575-5173*

Address: 105 Central Ave Supply SGT

Butner, NC 27509

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container SVC MSW picked up 1 time per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Camp Butner T.S.*** *Phone 919-620-5400*

Address: 539 Roberts Chapel Road Operations Manager

Stem, NC 27581

Number of containers at unit: 5 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: (5) 6 cu. yd. trash container SVC MSW picked up 1 time per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

**Unit Name: Beulaville R.C. Phone 910-298-4816**

**Address: 425 South Jackson Street Operations Manager**

**Beulaville, NC 28518**

**Number of containers at unit: 1 Container Status: Rental**

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

**Container No. 1: 4 cu. yd. trash container SVC MSW picked up 1 time per week**

**Container No. 2:**

**Container No. 3:**

**COST INFORMATION:**

**Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.**

**Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.**

**Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.**

**Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.**

**Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton**

**Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul**

**Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul**

**Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II**

**Ph 919-324-6452**

**E-mail denise.goodwin1@ncdps.gov**

***Unit Name: Charlotte FMS-5*** *Phone No. 704-344-2352*

Address: 4140 West Blvd Shop Chief

Charlotte, NC 28208

Number of containers at unit: 2 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 6 cu. yd. trash container picked up 1 time per week

Container No. 2: 6 cu. yd. cardboard container picked up 1 time per week

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Charlotte R.C.*** *Phone No. 704-344-2352*

Address: 4240 West Blvd Supply Sergeant

Charlotte, NC 28208

Number of containers at unit: 3 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 2 time per week

Container No. 2: 8 cu. yd. trash container picked up 2 time per week

Container No. 3: 6 cu. yd. recycle container picked up 1 time per week

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Concord R.C.*** *Phone No. 704-786-0123*

Address: 1501 Old Charlotte Road Supply SGT

Concord, NC 28027

Number of containers at unit: 2 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: (2) 8 cu.yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Dunn R.C.*** *Phone 910-892-3309*

Address: 901 Susan Tart Road SUPPLY SGT

Dunn, NC 28334

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Durham R.C.*** *Phone No. 919-220-7409*

Address: 801 Stadium Drive Supply SGT

Durham, NC 27704

Number of containers at unit: 3 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2: 30 cu. Yd. Roll Off SERVICE ON CALL

Container No. 3: 8 cu. yd. recycle container picked up 1 time per week

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: E. Flat Rock R.C.*** *Phone No. 828-692-1494*Address: 2025 Spartanburg Hwy Supply SGT

E. Flat Rock, NC 28726

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Edenton R.C.*** *Phone 252-482-2521*

Address: 739 Soundside Road Supply SGT

Edenton, NC 27932

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Boone R.C.*** *Phone 828-661-1863*

Address: 274 Hunting Hills Lane Supply SGT

Boone, NC 28607

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Elkin R.C.*** *Phone No. 336-835-3018*

Address: 1775 North Bridge Street Supply SGT

Elkin, NC 28621

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Farmville R.C.*** *Phone 252-753-3749*

Address: 4370 W. Horne Ave. Supply SGT

Farmville, NC 27828

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Fayetteville R.C.***  *Phone 910-321-1001*

Address: 3555 Owen Drive Supply SGT

Fayetteville, NC 28306

Number of containers at unit: 2 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 2 time per week

Container No. 2: 6 cu. yd. trash container picked up 1 time per week

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is:  Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Forest City R. C.*** *Phone 828-287-0669*

Address: 890 Withrow Road Supply Sgt.

Forest City, NC 28043

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Fort Fisher T.S.*** *Phone 910-251-7329*

Address: 116 Air Force Way Operations, Supply Sgt

Kure Beach, NC 28449

Number of containers at unit: 5 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 4 cu. yd. trash container picked up 1 time per week

Container No. 2: 8 cu. yd. trash container picked up 1 time per week

Container No. 3: 25 cu. yd. trash container picked up – on call basis

Container No. 4: 25 cu. yd. trash container Haul Recycling - on call basis

Container No. 5: 25 cu. yd. disposable Roll Off Recycling – on call basis

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Clinton R.C.*** *Phone No. 910-592-2100*

Address: 101 Armory Road Supply SGT

Clinton, NC 28328

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu.yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Fremont R.C.*** *Phone No 919-242-4068*

Address: 101 Pippin Street Supply SGT

Fremont, NC 27830

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Gastonia R.C.*** *Phone 704-865-3066*

Address: 2100 Robinwood Road Supply SGT

Gastonia, NC 28054

Number of containers at unit: 2 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 6 cu. yd. trash container picked up 1 time per week

Container No. 2: 8 cu. yd. recycle container picked up 2 times per month

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Goldsboro R.C. Phone*** *919-731-2021*

Address: 700 US Hwy 117 S Supply SGT

Goldsboro, NC 27530

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 2 times per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Greensboro FMS-9*** *Phone 336-691-7700*

Address: 110 Franklin Blvd Shop Chief

Greensboro, NC 27401

Number of containers at unit: 1 Container Status: Rental Only

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 6 cu. yd. trash container picked up 1 a week

Container No. 2:

Container No. 3:

**NOTE:** Rental only City Picks Up

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Greensboro RC*** *Phone 336-691-7700*

Address: 110 Franklin Blvd Shop Chief

Greensboro, NC 27401

Number of containers at unit: 2 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container SVC MSW picked up 2 times per week

Container No. 2: 8 cu. yd. recycle container SVC OCC picked up 2 times per month

Container No. 3:

**NOTE:**

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452 E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Greenville R.C. P****hone No. 252-752-7506*

Address: 1401 N Memorial Drive Supply SGT

Greenville, NC 27834

Number of containers at unit: 2 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container SVC MSW picked up 1 time per week

Container No. 2: 8 cu. yd. recycle container SVC OCC picked up 2 times per month

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Fort Bragg TUAS*** *Phone 910-438-4285*

Address: 3854 Pratt Street Supply SGT

Fort Bragg, NC 28310

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: High Point R.C.***  *Phone 336-841-3159*

Address: 3515 Armory Drive Supply SGT

High Point, NC 27260

Number of containers at unit: 2 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2: 8 cu. yd. recycle container picked up 2 times per month

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Jacksonville R.C.***  *Phone 910-347-4352*

Address: 142 Broadhurst Road Supply SGT

Jacksonville, NC 28540

Number of containers at unit: 1 Container Status: Rental Only

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

**NOTE:** Rental only city picks up

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Kinston R.C.***  *Phone 252-208-0255*

Address: 2875 Dobbs Farm Road Supply SGT

Kinston NC 28504

Number of containers at unit: 3 Container Status: Rental Only

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cy Front Load SVC OCC picked up 1 time per week.

Container No. 2: 8 cy Front Load SVC MSW picked up 1 time per week.

Container No. 3: 30 cy Roll Off SVC On-Call picked up 1 time per week.

**NOTE:** Rental only city picks up

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **Louisburg R.C**.

Phone 919-497-1909

Address: 600 S Bickett Blvd. Supply SGT

Louisburg NC 27549

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy Front Load SVC MSW picked up every 2 weeks

Container No. 2:

Container No. 3:

NOTE: Rental only city picks up

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **Lumberton R.C.**

Phone 919-497-1909

Address: 4502 Fayetteville Road Supply SGT

Lumberton, NC 28368

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy Front Load SVC MSW picked up every 2 weeks

Container No. 2:

Container No. 3:

NOTE: Rental only city picks up

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **Mount. Airy**

Phone 336-786-7551

Address: 185 Patrol Station Rd Supply SGT

Mount Airy NC 27030

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cy Front Load SVC MSW picked up every 2 weeks

Container No. 2:

Container No. 3:

NOTE: Rental only city picks up

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **Nashville Armory**

Phone 252-459-3387

Address: 1030 Eastern Avenue Supply SGT

Nashville NC 27856

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cy Front Load SVC MSW picked up every 2 weeks

Container No. 2:

Container No. 3:

NOTE: Rental only city picks up

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **New Bern RC**

Phone 252-636-2959

Address 301 Glenburnie Road Supply SGT

New Bern, NC 28560

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy Front Load SVC MSW picked up 1 every week

Container No. 2:

Container No. 3:

NOTE: Rental only city picks up

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **Parkton RC**

Phone 910-858-3452

Address 439 North Washington Street Supply SGT

Parkton, NC 28371

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cy Front Load SVC MSW picked up every 2 week

Container No. 2:

Container No. 3:

NOTE: Rental only city picks up

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **Raeford RC**

Phone 910-875-3084

Address 305 Teal Drive Supply SGT

Raeford, NC 28376

Number of containers at unit: 2 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy Front Load SVC MSW picked up 1 every week

Container No. 2: 8 cy Front Load SVC OCC picked up 1 monthly

Container No. 3:

NOTE: Rental only city picks up

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **Raleigh FMO**

Phone 252-636-2959

Address 4203 Ready Creek Road Supply SGT

Raleigh, NC 27607

Number of containers at unit: 2 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy Front Load SVC MSW picked up 1 a week

Container No. 2: 96 Gal Resid. Recycle SVC / Cart Recycle Process Adjust

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **Reidsville**

Phone 336-349-4428

Address 292 NC Hwy 65 Supply SGT

Reidsville, NC 27320

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy Front Load SVC MSW picked up 1 a week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **Rockingham**

Phone 910-895-5256

Address 1207 Rockingham Road 1upply SGT

Rockingham, NC 28379

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy Front Load SVC MSW every 2 weeks

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **Roseboro RC**

Phone 910-525-3740

Address 112 West Fayetteville Street Supply SGT

Roseboro, NC 28382

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cy Front Load SVC MSW picked up every 2 weeks

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **Roxboro RC**

Phone 336-599-5982

Address 605 Burlington Road Supply SGT

Roxboro, NC 27573

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cy Front Load SVC MSW picked up every 2 week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **Sanford**

Phone 919-776-1212

Address 2214 Nash Street Supply SGT

Sanford, NC 27331

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy Front Load SVC MSW picked up every 2 weeks

Container No. 2:

Container No. 3:

NOTE: Rental only city picks up

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this l form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **Shallote RC**

Phone 910-754-6821

Address 5050 Main Street Supply SGT

Shallotte, NC 28560

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy Front Load SVC MSW picked up every 2 week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **SMITHFIELD**

Phone 919-934-2013

Address 406 HOSPITAL ROAD Supply SGT

SMITHFIED, NC 27577

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy Front Load SVC MSW picked up every 2 weeks

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **SOUTHERN PINES**

Phone 910-692-8747

Address 510 MORGANTON ROAD Supply SGT

SOUTHERN PINES, NC 28388

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cy Front Load SVC MSW picked up every 2 weeks

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **ST. PAULS RC**

Phone 910-865-5182

Address 705 . OLD STAGE ROAD Supply SGT

SAINT PAULS, NC 28384

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cy Front Load SVC MSW picked up every 2 weeks

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **THOMASVILLE RC**

Phone 336-472-7032

Address 130 CULBRETH AVENUE Supply SGT

THOMASVILLE, NC 2760

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cy Front Load SVC MSW picked up 1 TIME MONTHLY

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name:  **USPFO SSD WHSE.**

Phone 984-664-6645

Address 4201 REEDY CREEK ROAD, Supply SGT

RALEIGH, NC 27607

Number of containers at unit: 4 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 30 cy Roll Off SVC every 2 weeks

Container No. 2: 96 gal Residential Recycle SVC weekly/Recycle Process Adjust

Container No. 3: 30 cy Haul MSW Roll Off (approx 2 per mo.)

Container No. 4: Landfill/Disposal fee ( approx 4 tons monthly)

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **WASHINGTON**

Phone 252-946-0432

Address 399 MINUTEMEN LANE Supply SGT

WASHINGTON, NC 27889

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cy Front Load SVC MSW weekly

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **WHITEVILLE RC**

Phone 910-642-2986

Address 3929 WASHINGTON STREET Supply SGT

WHITEVILLE, NC 28472

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cy Front Load SVC MSW weekly

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **WILLIAMSTON RC**

Phone 252-792-3132

Address 314 EAST BLVD. Supply SGT

WILLIAMSTON, NC 27892

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cy Front Load SVC MSW weekly

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **WILMINGTON FMS-17**

Phone 910-251-7100

Address 2412 INFANTRY ROAD OPERATIONS MANAGER

WILMINGTON, NC 28405

Number of containers at unit: 2 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cy Front Load SVC MSW weekly

Container No. 2: 8 cy Front Load SVC MSW weekly

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **WILMINGTON RC**

Phone 910-762-0214

Address 2221 CAROLINA BEACH ROAD SHOP CHIEF

WILMINGTON, NC 28401

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy Front Load SVC MSW picked up weekly

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **WINSTON SALEM RC**

Phone 336-761-2407

Address 2000 SILAS CREEK PKWY Supply SGT

WINSTON SALEM, NC 27103

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy Front Load SVC MSW picked up EVERY 2 weeks

Container No. 2:

Container No. 3:

NOTE: Rental only city picks up

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **WINSTON SALEM FMS-7**

Phone 336-761-2407

Address 2000 SILAS CREEK PKWY Supply SGT

WINSTON SALEM, 27103

Number of containers at unit: 3 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 1 - 8 cy Front Load ABC Recycle SVC monthly

Container No. 2: 1 - 8 cy Front Load SVC MSW

Container No. 3: 1 - Recycle Process Adjustment

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **NORTH WILKSBORO**

Phone 336-667-6221

Address 191 ARMORY ROAD Supply SGT

NORTH WILKSBORO, NC 28659

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy Front Load SVC MSW picked up every 2 weeks

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **RED PSRINGS ARMORY**

Phone 910-843-4031

Address 215 ROBERTS STREET Supply SGT

RED SPRINGS, NC 28377

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 2 yd & 8 yd dumpster service

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **WADESBORO RC**

Phone 704-694-5003

Address 100 ANSOM JR. HIGH SCHOOL ROAD Supply SGT

WADESBOR, NC 28170

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: - 8 yd trash container services twice per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **LENOIR RMS - 2**

Phone 828-757-3220

Address 1535 BEECHER ANDERSON ROAD Supply SGT

LENOIR, NC 2864528560

Number of containers at unit: 2 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu yd, WASTE CONTAINER 1 lift per week

Container No. 2: 8 cu yd, RECYCLE CONTAINER 1 lift per 2 weeks

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **LEXINGTON**

Phone 336-248-2798

Address 201 WEST 9TH AVENUE Supply SGT

LEXINGTON, NC 27292

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu yd, Front Load picked up every 2 weeks

Container No. 2:

Container No. 3:

NOTE: Rental only city picks up

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **LENOIR RC**

Phone 984-661-0721

Address 1535 BEECHER ANDERSON ROAD Supply SGT

LENIOR, NC 28645

Number of containers at unit: 2 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. WASTE CONTAINER PICKED UP every week

Container No. 2: 8 cu. yd. RECYCLE CONTAINER PICKED UP EVERY 2 WEEKS

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **LINCOLNTON**

Phone 704-735-5041

Address 1224 NORTH ASPEN STREET Supply SGT

LINCOLNTON, NC 28902

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy WASTE CONTAINER picked up 1 every week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **MOCKSVILLE**

Phone 336-751-2633

Address 804 US HJWY 64 EAST Supply SGT

MOCKSVILLE, NC 27028

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cy WASTE CONTAINER picked up every 2 weeks

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **MONROE RC**

Phone 704-283-5512

Address 7700 CHARLES STEET Supply SGT

MONROE, NC 28112

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy WASTE CONTAINER picked up 1 week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **MOORESVILLE**

Phone 704-664-5991

Address 720 NORTH BROAD STREET OPERATIONS Supply SGT

MOORESVILLE, NC 28115

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cy WASTECONTAINER picked up 1 week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **MORGANTON**

Phone 828-437-0746

Address 411 KIRKSEY DRIVE Supply SGT

MORGANTON, NC 28655

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cy WASTE CONTAINER picked up every 2 weeks

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **MORRISVILLE AASF#1**

Phone 919-804-5300

Address 2051 NATIONAL GUARD DRIVE Supply SGT

MORRISVILLE, NC 28560

Number of containers at unit: 3 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu yd, RECYCLE CONTAINER PICKED UP EVERY 2 weeks (corrugated cardboard)

Container No. 2: (2) - 8 cu yd, WASTE CONTAINER PICKED UP week each

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **MORRISVILLE RC**

Phone 919-804-5300

Address 2050 NATIONAL GUARD DRIVE Supply SGT

MORRISVILLE, NC 27560

Number of containers at unit: 2 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy WASTE CONTAINER picked up 1 every week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail denise.goodwin1@ncdps.gov

Unit Name: **NEWTON**

Phone 828-464-3621

Address 1811 HWY 321 SOUTH Supply SGT

NEWTON, NC 28658

Number of containers at unit: 2 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy WASTE CONTAINER picked up every 2 weeks

Container No. 2: RECYCLE CART 95/96 GALLON, PICKED UP EVERY 2 WEEKS

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E -mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **CLAUDE T BOWERS BLDG**

Phone 919-664-6000

Address 4105 REEDY CREEK ROAD SHOP CHIEF

RALEIGH, NC 27607

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy WASTE CONTAINER picked up 2 TIMES a week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E -mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **RALEIGH CSMS**

Phone 919-664-6000

Address 4207 REEDY CREEK ROAD SHOP CHIEF

RALEIGH, NC 27607

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy WASTE CONTAINER picked up 2 TIMES a week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E -mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **RALEIGH JFHQ**

Phone 919-664-6283

Address 1636 GOLD STAR DRIVE Supply SGT

RALEIGH, NC27607

Number of containers at unit: 3 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. WASTE CONTAINER picked 3 TIMES PER WEEK

Container No. 2: 8 cu. yd. RECYCLE CONTAINER (cardboard container), PICKED UP 2 TIMES PER WEEK

Container No. 3: 8 cu. yd. WASTE CONTAINER picked up time per week

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E -mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **SALISBURY AASF #2**

Phone 704-637-7750

Address 1235 NATIONAL GUARD DRIVE Supply SGT

SALISBURY, NC 28147

Number of containers at unit: 2 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. WASTE CONTAINER picked up 1 WEEKLY

Container No. 2: 8 cu. yd. RECYCLE CONTAINER, PICKED UP 1 WEEKLY

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E -mail denise.goodwin1@ncdps.gov

Unit Name: **SILER CITY**

Phone 919-742-2829

Address 801 ALSON BRIDGE ROAD Supply SGT

SILER CITY, NC 27344

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cy WASTE CONTAINER picked up every 2 weeks

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E -mail denise.goodwin1@ncdps.gov

Unit Name: **SYLVA**

Phone 828-586-4313

Address 611 WEBSTER ROAD Supply SGT

SYLVA, NC 28779

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd, WASTE CONTAINER picked up every 2 weeks

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E -mail denise.goodwin1@ncdps.gov

Unit Name: **YOUNGSVILLE, FMS 16**

Phone 919-556-0477

Address 116 SOUTH CROSS STREET Supply SGT

YOUNGSVILLE, NC 27596

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. WASTE CONTAINER picked up on-call service

Container No. 2: RECYCLE CART 95/96 GALLON, PICKED UP EVERY 2 WEEKS

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E -mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

Unit Name: **YOUNGSVILLE, RC**

Phone 919-556-3581

Address 124 YOUNGSVILLE BLVD Supply SGT

YOUNGSVILLE, NC 27596

Number of containers at unit: 1 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. WASTE CONTAINER, picked up EVERY 2 WEEKS

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E -mail denise.goodwin1@ncdps.gov

**JUVENILE JUSTICE**

***Unit Name: Alexander Juvenile Detention Center*** *Phone 828-632-1141*

Address: 928 NC Hwy 16 South Christy Cornacchio

Taylorsville, NC. 28681

Number of containers at unit: 2 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu.yd. trash container picked up 2 times per week

Container No. 2: 4 cu.yd. cardboard recycling 1 time per week

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: C. A. Dillon Youth Development Center*** *Phone 919-575-3166 ext 246*

Address: 100 Dillon Drive Joyce Anderson

Butner, NC. 27509

Number of containers at unit: 9 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: **(5)** 4 cu.yd. trash containers picked up 2 times per week

**(3) 8 cu.yd.** **trash containers picked 1 time per week**

Container No. 2: **(1) 8 cu.yd. cardboard recycling 1 time per week**

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

Denise.goodwin1@ncdps.gov

***Unit Name: Cabarrus Juvenile Detention Center*** *Phone 704-720-0807*

Address: 822 McWhorter Road Megan Duff

Concord, NC 28027

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 2 times per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: Chatham Youth Development Center*** *Phone 919-742-6225*

Address: 560 Progress Blvd Denise Marshall

Siler City, NC 27344

Number of containers at unit: 3 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 2 times per week

Container No. 2: (2) 96 gallon recycle containers picked up 2 times per week

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: Cumberland Juvenile Detention Center*** *Phone 910-486-1399*

Address: 1911 Coliseum Drive Donna McQueen

Fayetteville, NC. 28306

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu.yd. trash container picked up 2 times per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: Dobbs Youth Development Center*** *Phone 252-525-4452*

Address: 3060 Dobbs farm Road Lisa Powell

Kinston, NC 28505

Number of containers at unit: 6 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu.yd. trash containers picked up 2 times per week

Container No. 2: 8 cu.yd. cardboard containers picked up 2 times per month

Container No. 3: (4) 65 gallon carts for recycling plastic picked up 2 times per month

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: Lenoir Youth Development Center***  *Phone 252-525-4452*

Address: 3055 Dobbs Farm Road Lisa Powell

Kinston, NC 28505

Number of containers at unit: 7 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu.yd. trash containers picked up 2 times per week

Container No. 2: 8 cu.yd. cardboard containers picked up 2 times per month

Container No. 3: (5) 65 gallon recycling carts for plastic picked up 2 times per month

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: New Hanover Regional Juvenile Detention Center*** *Phone 910-675-0594*

Address: 3830 Juvenile Center Road Fran Feltman

Castle Hayne, NC. 28429

Number of containers at unit: 3 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 6 cu.yd. trash container picked up 2 times per week

Container No. 2: (2) 96 gallon recycle for comingle 1 time per week

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: Pitt Regional Juvenile Detention Center*** *Phone 252-830-6590*

Address: 451 W. Belvoir Road Rhonda Cox

Greenville, NC 27834

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 20 cu.yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin, Purchasing Specialist II

Ph 919-324-6452

E-mail [denise.goodwin1@ncdps.gov](mailto:denise.goodwin1@ncdps.gov)

***Unit Name: Stonewall Jackson Youth Development Center*** *Phone 704-652-4303*

Address: 850 Holshouser Road Dorothy Barrino

Concord, NC 28027

Number of containers at unit: 23 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: (11) 6 cu.yd. dumpsters picked up 2 times per week

Container No. 2: (2) 8 cu.yd. trash containers picked up 2 times per week

Container No. 3: (6) 96 gallon recycling containers picked up 2 times per week (plastics & aluminum)

Container No. 4:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: Wake Juvenile Detention Center*** *Phone 919-212-3104*

Address: 700 Beacon Lake Drive Jonathan Manley temporarily, Admin is vacant

Raleigh, NC. 27610

Number of containers at unit: 2 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu.yd. Trash containers picked up 1 time per week

Container No. 2: 8 cu.yd. Cardboard containers picked up 1 time per week

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: Rockingham Youth Development Center*** *Phone VACANT*

**(construction anticipated to be completed December 14th)**

Address: 424 Elliot Road POC: VACANT

Reidsville, NC 27320

Number of containers at unit: 2 Containers (anticipated based on construction drawings and contracts for Dillon and Cabarrus) Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 – cu yd trash container (picked up 2x/week)

Container No. 2: 8 – cu yd trash container (picked up 2x/week)

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: Perquimans Juvenile Detention Center*** *Phone VACANT*

(**Construction anticipated to be completed January 2024)**

Address: 125 Jessup Street POC: VACANT

Hertford, NC 27944

Number of containers at unit: 2 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu.yd. Trash containers picked up 1 time per week

Container No. 2: 8 cu.yd. Cardboard containers picked up 1 time per week

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

**STATE HIGHWAY PATROL**

***Unit Name: NCSHP (TRAINING ACADEMY)*** *Phone 919-662-4430*

Address: 3318 Garner Road Michael Baker

Raleigh, NC 27610

Number of containers at unit: 3 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 2 times per week (Cafeteria)

Container No. 2: 8 cu. yd. cardboard container picked up 1 time per week (Behind Bldg 6 Near Gas Pump)

Container No. 3: 8 cu. yd. trash container picked up 2 times per week (Driving Track)

Container No. 4:

Container No. 5:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: NCSHP TROOP H GARAGE*** *Phone 704-292-1046*

Address: 2206 Fowler Secrest Road Roy Crunkleton

Monroe, NC 28110

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: NCSHP (TSU)*** *Phone 984-349-6008*

Address: 3318 Garner Road Bldg. #2 Sarah Nelson

Raleigh, NC 27610

Number of containers at unit: 3 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 4 cu. yd. plastics container picked up 1 time every 2 weeks

Container No. 2: 4 cu. yd. aluminum cans picked up 1 time every 2 weeks

Container No. 3: 4 cu. yd. paper container picked up 1 time every 2 weeks

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: NCSHP VIPER/TSU*** *Phone 919-661-3128*

Address: 1400 Transport Drive Michael Jones

Raleigh, NC 27603

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: NCSHP VIPER – WENDELL TOWER SITE*** *Phone 984-349-6105*

Address: 16739 Buffalo Rd Donna Godwin

Wendell, NC 27591

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 4 cu. yd. trash container picked up 1 time every 2 weeks

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: NCSHP WILLIAMSTON COMM CENTER*** *Phone 252-792-4103*

Address: 4003 West Main Street Michael Leggette

Williamston, NC 27892

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 6 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: NCEM Western Warehouse*** *Phone 704-982-1771*

Address: 40592 Airport Road POC: Steve Lowder

New London, NC 28127

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 8 cu. yd. trash container picked up 1 time per 2 weeks

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: NCEM Eastern Branch Office*** *Phone 252-520-4923*

Address: 3802 Hwy 58 North POC: Diane Curtis

Kinston, NC 28502

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 4 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

***Unit Name: NC CIVIL AIR PATROL*** *Phone 336-570-6894*

Address: 3520 Alamance Road POC: Wes Powell

Burlington, NC 27215

Number of containers at unit: 1 Container Status: Rental

**CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:**

Container No. 1: 4 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

**COST INFORMATION:**

Container No.1 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 5 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.2 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 6 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Container No.3 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 7 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ permo.

Container No.4 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo. Container No. 8 …. $\_\_\_\_\_\_\_\_.\_\_\_\_\_ per mo.

Landfill fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per ton

Hauling fee for roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Additional haul roll off container/compactor $\_\_\_\_\_\_\_\_\_\_\_\_.\_\_\_\_\_ per haul

Vendor Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quotation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Signature/Title of Company Official: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Branch location serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Area code and phone number of branch serving facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person for questions regarding this proposal form is: Denise S. Goodwin Procurement Specialist II

Ph 919-324-6452

[Denise.goodwin1@ncdps.gov](mailto:Denise.goodwin1@ncdps.gov)

**ATTACHMENT D: HUB SUPPLEMENTAL VENDOR INFORMATION**

Solicitation #: \_

Vendor Name: \_

Historically Underutilized Businesses (HUBs) consist of minority, women, and disabled business firms that are at least fifty-one percent owned and operated by an individual(s) from one of these categories. Also included in this category are disabled business enterprises and non-profit work centers for the blind and severely disabled.

Pursuant to G.S. 143B-1361(a), 143-48 and 143-128.4, the State invites and encourages participation in this procurement process by businesses owned by minorities, women, the disable, disabled business enterprises, and non-profit work centers for the blind and severely disabled. This includes utilizing individual(s) from these categories as subcontractors to perform the functions required in this Solicitation.

The Vendor shall respond to questions below, as applicable.

**PART I: HUB CERTIFICATION**

Is Vendor a NC-certified HUB entity?***Yes No***

*If* ***yes****, provide Vendor #: \_ \_*

*If* ***no****, does Vendor qualify for certification as HUB?* ***Yes No***

*Vendors that check “yes” will be referred to the HUB Office for assistance in acquiring certification.*

**PART II: PROCUREMENT OF GOODS - SUPPLIERS**

For *Goods* procurements, are you using Tier 2 suppliers? **Yes No**

If ***yes***, then provide the following information:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name** | **Company Address** | **Website Address** | **Contact Name** | **Contact Email** | **Contact Phone** | **NC HUB certified?** | **Percent of total bid price** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**PART III: PROCUREMENT OF SERVICES - SUBCONTRACTORS**

For *Services* procurements, are you using Subcontractors to perform any of the services being procured under this solicitation? Yes No

If *yes*, then provide the following information:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Company Name** | **Company Address** | **Website Address** | **Contact Name** | **Contact Email** | **Contact Phone** | **NC HUB certified?** | **Percent of total bid price** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Need more information?**

Questions concerning the completion of this form should be presented during the Q&A period through the process defined in the Solicitation document.

Questions concerning NC HUB certification, contact the [**North Carolina Office of Historically**](http://ncadmin.nc.gov/businesses/hub) [**Underutilized Businesses**](http://ncadmin.nc.gov/businesses/hub) at 984-236-0130 or [huboffice.doa@doa.nc.gov](mailto:huboffice.doa@doa.nc.gov)

**ATTACHMENT E: CUSTOMER REFERENCE FORM**

Solicitation #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vendor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions**: Vendor shall use this template to submit three (3) customer references with its offer.

|  |  |
| --- | --- |
| Name of Customer Organization: |  |
| Customer Reference Name: |  |
| Customer Reference Address: |  |
| Customer Reference Email: |  |
| Start Date: |  |
| End Date: |  |
| Explanation of contract, service agreement, or type of products and quantity provided to the organization: |  |

|  |  |
| --- | --- |
| Name of Customer Organization: |  |
| Customer Reference Name: |  |
| Customer Reference Address: |  |
| Customer Reference Email: |  |
| Start Date: |  |
| End Date: |  |
| Explanation of contract, service agreement, or type of products and quantity provided to the organization: |  |

|  |  |
| --- | --- |
| Name of Customer Organization: |  |
| Customer Reference Name: |  |
| Customer Reference Address: |  |
| Customer Reference Email: |  |
| Start Date: |  |
| End Date: |  |
| Explanation of contract, service agreement, or type of products and quantity provided to the organization: |  |

**ATTACHMENT F: LOCATION OF WORKERS UTILIZED BY VENDOR**

Solicitation #: \_

Vendor Name: \_

In accordance with NC General Statute G.S. 143-59.4, Vendor shall detail the location(s) at which performance will occur, as well as the manner in which it intends to utilize resources or workers outside of the United States in the performance of The Contract.

Vendor shall complete items 1 and 2 below.

1. **Will any work under this Contract be performed outside of the United States**? YES  NO

**If “YES”:**

* 1. List the location(s) outside of the United States where work under the Contract will be

performed by the Vendor, any subcontractors, employees, or any other persons performing work under the Contract.

* 1. Specify the manner in which the resources or workers will be utilized:

1. **Where within the United States will work be performed?**

\_ \_ \_

**NOTES:**

1. The State will evaluate the additional risks, costs, and other factors associated with the utilization of workers outside of the United States prior to making an award.
2. Vendor shall provide notice in writing to the State of the relocation of the Vendor, employees of the Vendor, subcontractors of the Vendor, or other persons performing services under the Contract to a location outside of the United States.
3. All Vendor or subcontractor personnel providing call or contact center services to the State of North Carolina under the Contract **shall disclose** to inbound callers the location from which the call or contact center services are being provided.

**ATTACHMENT G: CERTIFICATION OF FINANCIAL CONDITION**

Solicitation #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Vendor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The undersigned hereby certifies that: [check all applicable boxes]

The Vendor is in sound financial condition and, if applicable, has received an unqualified audit opinion for the latest audit of its financial statements.

Date of latest audit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (If no audit within past 18 months, explain reason below)

The Vendor has no outstanding liabilities, including tax and judgment liens, to the Internal Revenue Service or any other government entity.

The Vendor is current on all amounts due for payments of federal and state taxes and required employment-related contributions and withholdings.

The Vendor is not the subject of any current litigation or findings of noncompliance under federal or state law.

The Vendor has not been the subject of any past or current litigation, findings in any past litigation, or findings of noncompliance under federal or state law that may impact in any way its ability to fulfill the requirements of The Contract.

He or she is authorized to make the foregoing statements on behalf of the Vendor.

**Note:** This shall constitute a continuing certification and Vendor shall notify the Contract Lead within 30 days of any material change to any of the representations made herein.

**— If any one or more of the foregoing boxes is NOT checked, Vendor shall explain the reason(s) in the space below. Failure to include an explanation may result in Vendor being deemed non-responsive and its submission rejected in its entirety.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Title

**[This Certification must be signed by an individual authorized to speak for the Vendor]**

**ATTACHMENT H: ALCOHOL/DRUG-FREE WORKPLACE POLICY**

POLICY

It is the policy of the Department of Public Safety to provide a work environment free of alcohol and drugs in order to ensure the safety and well-being of employees, correctional clientele, and the general public. All employees of the Department of Public Safety, including permanent full-time, trainee, and permanent part-time, permanent hourly, probationary, and temporary shall abide by this policy.

PURPOSE

This document is intended to advise managers and employees of the guidelines of an alcohol/drug free workplace, and to set out the penalties for violation(s) of the guidelines.

PROCEDURES/OPERATIONAL GUIDELINES

All employees of the Department of Public Safety are expected to be physically and mentally prepared and able to perform their assigned duties throughout the workday. No employee shall report to the work site impaired by or suffering from the effects of drugs or alcohol.

Individuals reporting for work under the influence or the effects of alcohol and/or drugs shall be issued discipline, up to and including dismissal, consistent with the policy governing personal conduct.

No employee shall manufacture, distribute, or dispense controlled substances (drugs/alcohol) at the work site or away from the work site. No employee shall use “across the counter” medication to the point of impairment while at the work site, or in any situation which may bring discredit to the Department. Use or abuse shall be viewed as personal misconduct and shall be cause for immediate disciplinary action up to and including dismissal.

Possession of an illegal substance in any situation, at work or away from the work site shall be cause for discipline. Possession of controlled substances, i.e. Prescription medication or alcohol, must be in compliance with existing laws. Violations will result in discipline up to and including dismissal based on personal misconduct.

Employees who are arrested, detained, or served a warrant for any alcohol/drug related incident, at the work site or away from the work site have 24 hours to file a written report of the situation with the work unit supervisor/manager, i.e. Warden, Superintendent, Branch Manager. The work unit supervisor/manager shall make a recommendation for appropriate disciplinary action based on the facts of the case after conducting a thorough investigation.

If sufficient facts cannot be obtained due to pending litigation, the work unit supervisor/manager shall request, in writing, that any recommendation for disciplinary action be delayed until the court has disposed of the matter. Once the legal proceedings have been completed, the employee shall furnish a certified copy of the court disposition within 48 hours of the judgment. The recommendation for discipline shall be made at this time, if not previously addressed.

Any conviction of a drug or alcohol related offense, which occurred at the work site, shall be reported to the federal government by the Personnel Office; therefore, such offenses shall be reported to the Personnel Office by the appropriate manager so that the Personnel Office may comply with the requirement.

The Department of Public Safety utilizes the State Employee Assistance Program (EAP) administered through the Office of State Personnel. The EAP provides employees with a comprehensive referral service to aid in coping with or overcoming personal problems, including drug and alcohol problems. Consultants with the State EAP will provide managerial/supervisory training and coordinate employee orientation.