



The form which follows is a sample only. To obtain an official copy of this multipart form, please contact the Division of Soil and Water Conservation at:

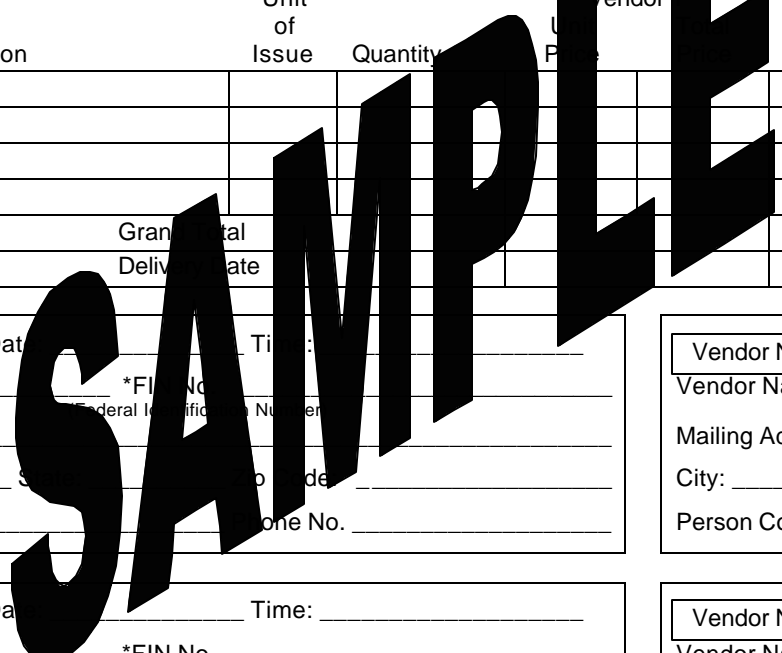
600 E. Main St., 24th Floor
Richmond, Virginia 23219
(804) 786-2064

VIRGINIA AGRICULTURAL BMP COST-SHARE BID SOLICITATION SHEET

Landowner Name: _____ / _____ Soil and Water Conservation District
 Service(s) to be Purchased _____ Date Needed: _____
 Specifications Prepared by: _____ Quotes Secured _____

VENDOR QUOTE PRICES

Item No.	Description	Unit of Issue	Quantity	Vendor 1		Vendor 2		Vendor 3		Vendor 4	
				Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price
1											
2											
3											
4											
Grand Total											
Deliverable Date											



Vendor No. 1 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
(Federal Identification Number)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

Vendor No. 2 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
(Federal Identification Number)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

Vendor No. 3 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
(Federal Identification Number)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

Vendor No. 4 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
(Federal Identification Number)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

* If services are being provided by an individual, his Social Security Number will be His FIN Number.

Comments: (Use if unable to obtain three bids or to justify not using low bidder.) _____

SWCD COPY

VIRGINIA AGRICULTURAL BMP COST-SHARE BID SOLICITATION SHEET

Landowner Name: _____ / _____ Soil and Water Conservation District
 Service(s) to be Purchased _____ Date Needed: _____
 Specifications Prepared by: _____ Quoted Secured by: _____

VENDOR QUOTED PRICES

Item No.	Description	Unit of Issue	Quantity	Unit Price	Vendor 1		Vendor 2		Vendor 3		Vendor 4	
					Total Price	Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price	
1												
2												
3												
4												
Grand Total												
Delivery Date												

Vendor No. 1 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
(Federal Identification Number)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

Vendor No. 2 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
(Federal Identification Number)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

Vendor No. 3 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
(Federal Identification Number)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

Vendor No. 4 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
(Federal Identification Number)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

* If spaces are being provided by an individual, his Social Security Number will be His FIN Number.

Comments: (Use if unable to obtain three bidders to justify not using low bidder.) _____

VIRGINIA AGRICULTURAL BMP COST-SHARE BID SOLICITATION SHEET

Landowner Name: _____ / _____ Soil and Water Conservation District
 Service(s) to be Purchased _____ Date Needed _____
 Specifications Prepared by: _____ Quotes Solicited by: _____

Item No.	Description	Unit of Issue	Vendor 1		Vendor 2		Vendor 3		Vendor 4	
			Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price
1										
2										
3										
4										
Grand Total										
Deadline Date										

Vendor No. 1 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
(Federal Identification Number)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

Vendor No. 2 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
(Federal Identification Number)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

Vendor No. 3 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
(Federal Identification Number)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

Vendor No. 4 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
(Federal Identification Number)
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

* If services are being provided by an individual, his Social Security Number will be His FIN Number.

Comments: (Use if unable to obtain three bids or to justify not using low bidder.) _____

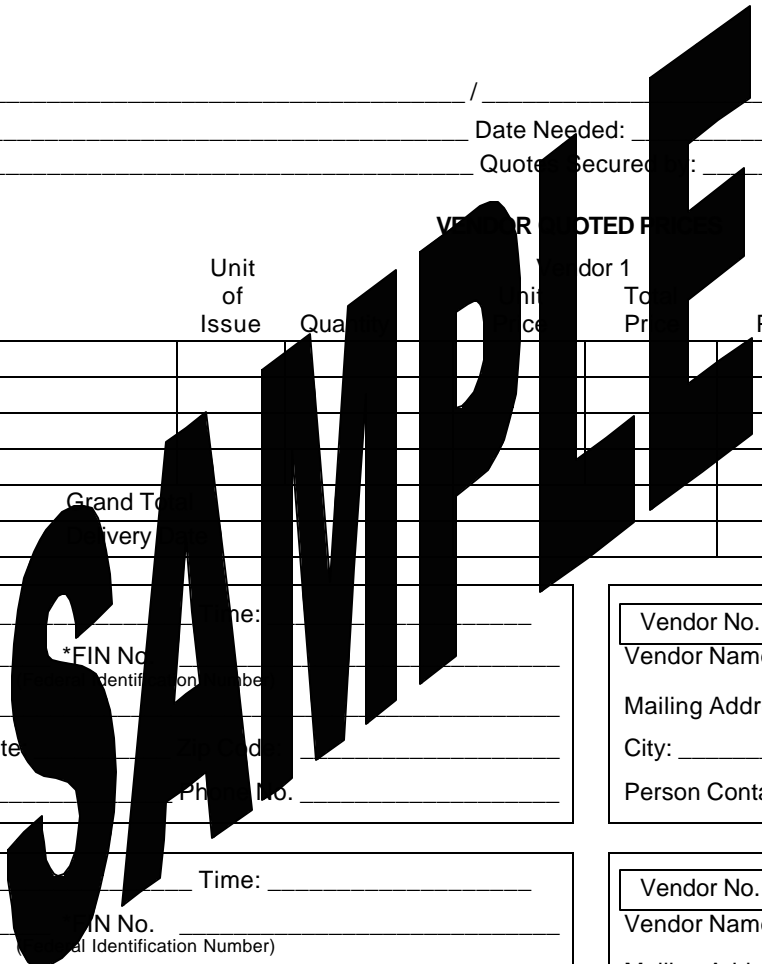
DSWC COPY

VIRGINIA AGRICULTURAL BMP COST-SHARE BID SOLICITATION SHEET

Virginia Department of Conservation and Recreation, Division of Soil and Water Conservation programs, activities, and employment opportunities are available to all people regardless of race, color, religion, sex, age national origin, or political affiliation. An equal opportunity/affirmative action employer.

Landowner Name: _____ / _____ Soil and Water Conservation District
 Service(s) to be Purchased _____ Date Needed: _____
 Specifications Prepared by: _____ Quote Secured by: _____

Item No.	Description	Unit of Issue	Quantity	Vendor 1		Vendor 2		Vendor 3		Vendor 4	
				Unit Price	Total Price	Unit Price	Total Price	Unit Price	Total Price		
1											
2											
3											
4											
Grand Total											
Delivery											



Vendor No. 1 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

Vendor No. 2 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

Vendor No. 1 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

Vendor No. 4 Date: _____ Time: _____
 Vendor Name: _____ *FIN No. _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Person Contacted & Title _____ Phone No. _____

* If services are being provided by an individual, his Social Security Number will be His FIN Number.

Comments: (Use if unable to obtain three bids or to justify not using low bidder.) _____

