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
Landowner Name: _________________________________________________
Service(s) to be Purchased: _________________________________________
Specifications Prepared by: _________________________________________
Date Needed: ____________________________________________________________________

Specifications Prepared by: _________________________________________
Quotes Secured by: _______________________________________________________________

<table>
<thead>
<tr>
<th>VENDOR QUOTED PRICES</th>
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<tbody>
<tr>
<td><strong>Item No.</strong></td>
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<tr>
<td><strong>Grand Total</strong></td>
</tr>
</tbody>
</table>

Delivery Date

Vendor No. 1
Vendor Name: _____________________
*FIN No.    __________________________
Mailing Address: _______________________________________________________
City: __________________ State: __________ Zip Code:   __________________
Person Contacted & Title _____________________ Phone No. ___________________

Vendor No. 2
Vendor Name: _____________________
*FIN No.    __________________________
Mailing Address: _______________________________________________________
City: __________________ State: __________ Zip Code:   __________________
Person Contacted & Title _____________________ Phone No. ___________________

Vendor No. 3
Vendor Name: _____________________
*FIN No.    __________________________
Mailing Address: _______________________________________________________
City: __________________ State: __________ Zip Code:   __________________
Person Contacted & Title _____________________ Phone No. ___________________

Vendor No. 4
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 o r to justify not using low bidder.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

*FIN No.  __________________________

SWCD COPY
# Virginia Agricultural BMP Cost-Share Bid Solicitation Sheet

**Commonwealth of Virginia**  
Department of Conservation and Recreation  
Division of Soil and Water Conservation

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: ________________________________  /  ________________________________  

Service(s) to be Purchased: ________________________________________________________________  

Specifications Prepared by: ________________________________________________________________  

**VENDOR QUOTED PRICES**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description of Issue</th>
<th>Quantity</th>
<th>Unit of Issue</th>
<th>Unit Price</th>
<th>Total Price</th>
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</tbody>
</table>

**Grand Total**

**Delivery Date**: ____________________________

**Vendor No. 1**

Vendor Name: ____________________________  
*FIN No.: ____________________________

Mailing Address: ____________________________  
City: __________  State: __________  Zip Code: __________

Person Contacted & Title: ____________________________  
Phone No.: ____________________________

**Vendor No. 2**

Vendor Name: ____________________________  
*FIN No.: ____________________________

Mailing Address: ____________________________  
City: __________  State: __________  Zip Code: __________

Person Contacted & Title: ____________________________  
Phone No.: ____________________________

**Vendor No. 3**

Vendor Name: ____________________________  
*FIN No.: ____________________________

Mailing Address: ____________________________  
City: __________  State: __________  Zip Code: __________

Person Contacted & Title: ____________________________  
Phone No.: ____________________________

**Vendor No. 4**

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.)

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

(DCR 199-019) (12/00) (Supersedes form DCHR-DSWC 199-071 (11/88)}
COMMONWEALTH of VIRGINIA
Department of Conservation and Recreation
Division of soil and Water Conservation

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: _________________________________________________ / ___________________________________________________

Service(s) to be Purchased _________________________________________

Specifications Prepared by: _________________________________________

Quotes Secured by: _______________________________________________________________

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<th>Total Price</th>
<th>Vendor 2</th>
<th>Unit Price</th>
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</table>

Grand Total

Delivery Date:

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. 2

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. ___________________

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

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

(DCR 199-019) (12/00) (Supersedes form DCHR-DSWC 199-071 (11/88)
COMMONWEALTH of VIRGINIA
Department of Conservation and Recreation
Division of Soil and Water Conservation

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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: _________________________________________ Quotes Secured by: _______________________________________________________________

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<th>Vendor 1 Price</th>
<th>Vendor 1 Total Price</th>
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</table>

Grand Total

Vendor 1

Date: ______________ Time: ___________________
Vendor Name: ___________ *FIN No. ________
Mailing Address: _________________________________________________________
City: __________________ State: ________ Zip Code: ___________________
Person Contacted & Title ___________________ Phone No. ____________________

Vendor 2

Date: ______________ Time: ___________________
Vendor Name: ___________ *FIN No. ________
Mailing Address: _________________________________________________________
City: __________________ State: ________ Zip Code: ___________________
Person Contacted & Title ___________________ Phone No. ____________________

Vendor 3

Date: ______________ Time: ___________________
Vendor Name: ___________ *FIN No. ________
Mailing Address: _________________________________________________________
City: __________________ State: ________ Zip Code: ___________________
Person Contacted & Title ___________________ Phone No. ____________________

Vendor 4

Date: ______________ Time: ___________________
Vendor Name: ___________ *FIN No. ________
Mailing Address: _________________________________________________________
City: __________________ State: ________ Zip Code: ___________________
Person Contacted & Title ___________________ Phone No. ____________________

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Comments: (Use if unable to obtain three bids or to justify not using low bidder.)
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(DCR 199-019) (12/00) (Supersedes form DCHR-DSWC 199-071 (11/88)

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