	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX A ACKNOWLEDGMENT FORM	

All information requested below must be provided. Failure to properly complete, sign and return this Acknowledgment Form may cause the offer to be rejected.

1. Primary Contact Person Information for Offeror

Name: _____ Title: _____

Legal Name of Offeror: _____

Telephone No.: _____ Alternate No.: _____

Email Address: _____

2. Company Information *(Provide complete legal name and address of place of business)*

Name of President / CEO: _____

Legal Name of Company: _____

Trade Name of Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Website: _____

Type of Entity / Organizational Structure (check one):

- | | |
|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Joint Venture |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Other: _____ |

State of Incorporation: _____

Date of Incorporation: _____

Federal Tax Identification Number: _____

Washington State UBI Number: _____


State Industrial Account Identification Number: _____

Name and Address of Resident Agent: _____

3. Did an outside individual/agency assist with the offer preparation?

Yes No If yes, please describe: _____

4. Identify your primary business: _____

	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
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5. Receipt of Addenda. Offeror acknowledges receipt of the following addenda if any.
- Addendum No. _____, Dated _____ Addendum No. _____, Dated _____
- Addendum No. _____, Dated _____ Addendum No. _____, Dated _____
6. Offeror agrees that the offer shall remain valid for not less than **120 calendar days** from the offer due date and may not be withdrawn or modified during that time.
7. Offeror by submitting this Acknowledgment Form, certifies the following:
- a. Offeror has considered all applicable federal, state, and local laws, ordinances, rules, regulations applicable to the goods and/or services to be provided under this solicitation.
 - b. Offeror has fully read this solicitation, all attachments, contract terms and conditions, and addenda, and understands the contents of the solicitation and has full knowledge of the scope, nature, requirements, and specifications and agrees to meet or exceed the same.
 - c. Offeror will make no claim against the County based upon ignorance of conditions or misunderstanding of the solicitation documents or the goods and/or services to be provided under this solicitation and will comply with the minimum insurance requirements.
 - d. Offeror has submitted this offer without prior understanding, agreement, or connection with any corporation, firm, or person submitting an offer for the same materials, supplies, goods, and/or services and is in all respects fair and without collusion or fraud. Offeror understands collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.
 - e. The cost offer submitted by the offeror reflects the total costs for all goods and/or services to be provided to the County in compliance with the solicitation. No additional fees or charges will be incurred by the County other than as identified in the offer.
8. The undersigned certifies that he/she is an authorized representative of the Offeror identified above, is authorized to submit this offer on behalf of that Offeror, agrees to furnish the goods and/or services in accordance with the solicitation requirements, that the information provided in the offer is true, accurate and complete; and that he/she has the legal authority to commit the Offeror to a contractual agreement and intends to be bound by the offer and terms of the solicitation.

Acknowledged and Agreed:

Signature of Authorized Representative Name of Authorized Representative (Print)

Date Title

END OF APPENDIX A, ACKNOWLEDGEMENT FORM

	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX B EXCEPTIONS AND ASSUMPTIONS FORM	

OFFEROR'S BUSINESS NAME _____

The County does not intend to make changes to the terms and conditions of the solicitation, unless necessary to clarify the scope of work and technical requirements. Failure to accept the terms and conditions may result in an offer being deemed non-responsive. All Exceptions and/or Assumptions taken to any terms, conditions, and specifications of the solicitation and associated documents must be clearly identified on the table below and returned with the offer. Unallowable or questionable Exceptions and/or Assumptions may cause an offer to be non-responsive. Exceptions or Assumptions noted elsewhere in the solicitation and not specified on this form will be considered void and may disqualify the offer. All cells below must be completed for each Exception and Assumption.

OFFEROR EXCEPTIONS AND ASSUMPTIONS *(please check one)*

- No exceptions. Offeror is not requesting exceptions to this solicitation and associated documents
- Offeror requests the exceptions and/or assumptions identified below:

DESCRIBE ALL EXCEPTIONS AND ASSUMPTIONS *(attach additional pages if needed)*

1. Solicitation Section and Page: _____
 Describe Exception or Assumption: _____
 Explain this as an Issue: _____
 Proposed Modification: _____

2. Solicitation Section and Page: _____
 Describe Exception or Assumption: _____
 Explain this as an Issue: _____
 Proposed Modification: _____

3. Solicitation Section and Page: _____
 Describe Exception or Assumption: _____
 Explain this as an Issue: _____
 Proposed Modification: _____

4. Solicitation Section and Page: _____
 Describe Exception or Assumption: _____
 Explain this as an Issue: _____
 Proposed Modification: _____



**REQUEST FOR PROPOSALS
2024-031**

**APPENDIX B
EXCEPTIONS AND ASSUMPTIONS
FORM**

**KITSAP COUNTY
PURCHASING OFFICE**

614 Division St., MS-7
Port Orchard, WA 98366

Phone: (360) 337-4789
Email: purchasing@kitsap.gov

DESCRIBE ALL EXCEPTIONS AND ASSUMPTIONS *(attach additional pages if needed)*

5. Solicitation Section and Page: _____

Describe Exception or Assumption: _____

Explain this as an Issue: _____

Proposed Modification: _____

6. Solicitation Section and Page: _____

Describe Exception or Assumption: _____

Explain this as an Issue: _____

Proposed Modification: _____

7. Solicitation Section and Page: _____

Describe Exception or Assumption: _____

Explain this as an Issue: _____

Proposed Modification: _____

8. Solicitation Section and Page: _____

Describe Exception or Assumption: _____

Explain this as an Issue: _____

Proposed Modification: _____


Signature of Authorized Representative

Name of Authorized Representative (Print)

Date

Title

END OF APPENDIX B, EXCEPTIONS AND ASSUMPTIONS FORM

	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX C OTHER REQUIRED PROPOSAL FORMS	

FORM A, PROPOSER QUESTIONNAIRE


This is a mandatory response. Proposers must submit this form with their Proposal. Please provide the requested information, then sign and date. If the Proposer’s response is incomplete or requires further description, the County may request the Proposer provide such information within a mandatory due date or may determine the missing information is immaterial to award. **PLEASE PROVIDE EXPLANATION FOR ALL “YES” ANSWERS ON A SEPARATE SHEET.**

Proposer Information	
Proposer’s Legal Name and d.b.a. if applicable:	
Mailing Address:	
Contact Person and Title:	
Contact Person’s Phone Number:	
Contact Person’s Email Address:	
State UBI Number:	
Federal TIN or EIN Number:	

Ownership	If yes, explain
Is your firm a subsidiary, parent, holding company, or affiliate of another firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Financial Resources and Responsibility	If yes, explain
Within the previous five (5) years has your firm been the debtor of a bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is your firm in the process of or in negotiations toward being sold?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the previous five (5) years has your firm been debarred from contracting with any local, state, or federal governmental agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the previous five (5) years has your firm been determined to be a non-responsible bidder or proposer for any government contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the previous five (5) years has a governmental or private entity terminated your firm’s contract prior to contract completion?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the previous five (5) years has your firm used any subcontractor to perform work on a government contract when that subcontractor had been debarred by a governmental agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Disputes	If yes, explain
Within the previous five (5) years has your firm been the defendant in court on a matter related to any of the following issues: <ul style="list-style-type: none"> • Payment to subcontractors? • Work performance on a contract? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your firm have outstanding judgments pending against it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Within the previous five (5) years has your firm been assessed liquidated damages on a contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your firm received notice of and/or in litigation about patent infringement for the product and/or service that your firm is offering to the County?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX C OTHER REQUIRED PROPOSAL FORMS	

**FORM B, ORDERS, NOTICES, OR, CITATIONS
(PROPOSER AND SUBCONTRACTORS)**

Submit a list of any and all Environmental or Safety Law-related orders, notices, or citations received during the past five (5) years **by the Proposer or any facility or subcontractor proposed to be used in performance of the Contract**. List the status of the response to any order, notice or citation.

If no such orders, notices, or citations were received by Proposer or any proposed facility or subcontractor, indicate here: _____

Use multiple copies of this form, if necessary. Details of orders, notices or citations can be included as an attachment.

Proposer's Legal Name: _____

Proposer-Owned? Yes No

Subcontractor? Yes No

Mailing Address: _____

Contact Person and Title: _____

Contact Person's Phone Number: _____

Contact Person's Email Address: _____


A. Type of Order, Notice or Citation: _____

B. Date of Order, Notice or Citation: _____

C. Response to Order, Notice or Citation: _____

D. Status of Response: _____

END OF APPENDIX C, FORM B, ORDERS, NOTICES OR, CITATIONS

	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX C OTHER REQUIRED PROPOSAL FORMS	

**FORM C, CURRENT COMPANY HHW / MRW PUBLIC AGENCY CONTRACTS
(PROPOSER)**

The Proposer shall identify **ALL** current HHW or MRW public agency customers in Washington and Oregon who are under contract with the Proposer to receive services similar to those described in the Scope of Work. If the Proposer holds only a few or no HHW or MRW contracts in Washington or Oregon, contracts from other areas may be included. **Use multiple copies of this form, if necessary.**

A. Agency Name: _____

Mailing Address: _____

Type of Waste/Material and Method of Disposal/Recycling: _____

Approximate Amount of Material Managed Per Year: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

B. Agency Name: _____

Mailing Address: _____

Type of Waste/Material and Method of Disposal/Recycling: _____

Approximate Amount of Material Managed Per Year: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

C. Agency Name: _____


Mailing Address: _____

Type of Waste/Material and Method of Disposal/Recycling: _____

Approximate Amount of Material Managed Per Year: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX C OTHER REQUIRED PROPOSAL FORMS	

**FORM C, CURRENT COMPANY HHW / MRW PUBLIC AGENCY CONTRACTS (CONTINUED)
(PROPOSER)**

D. Agency Name: _____

Mailing Address: _____

Type of Waste/Material and Method of Disposal/Recycling: _____

Approximate Amount of Material Managed Per Year: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

E. Agency Name: _____

Mailing Address: _____

Type of Waste/Material and Method of Disposal/Recycling: _____

Approximate Amount of Material Managed Per Year: _____

Contact Person: _____ Phone Number: _____

Email Address: _____

F. Agency Name: _____

Mailing Address: _____


Type of Waste/Material and Method of Disposal/Recycling: _____

Approximate Amount of Material Managed Per Year: _____

Contact Person: _____ Phone Number: _____

E-mail Address: _____

END OF APPENDIX C, FORM C, CURRENT COMPANY HHW / MRW PUBLIC AGENCY CONTRACTS

	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX C OTHER REQUIRED PROPOSAL FORMS	

**FORM D, COMPANY HISTORY
(PROPOSER)**

Company Name: _____

Company Address: _____

Company Contact Person: _____ Title: _____

Phone Number: _____ Email Address: _____

Please submit, in the space below or on an attached page, a brief summary of the Proposer's company history. The summary must describe the type of work the company does, how long the company has done this type of work, relevant corporate organizational structure (parent/ subsidiary), a list of owners (from 2002 to present) for every proposer-owned facility to be used under the contract, and a summary of the type and level of services the proposer has provided for the past five (5) years. **Use additional sheets or attachments, if necessary, for complete and accurate answers. Proposer may submit other documents to assist in the summary presentation.**

Length of Ownership: _____

List of Owners 2002 to Present: _____


Corporate Organizational Structure: _____

Type of Work/Services Provided: _____

Staff Size: _____

Additional Comments: _____

END OF APPENDIX C, FORM D, COMPANY HISTORY

	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX C OTHER REQUIRED PROPOSAL FORMS	

**FORM E, COMPANY FINANCIAL STATUS
(PROPOSER)**

1. Check "Yes" or "No" below to indicate you have enclosed the three (3) most recent, audited annual financial statements of the Proposer.


Yes No

2. Proposer's Current Financial Status: **Has the Proposer filed for and is it operating under federal bankruptcy law protection?**

Yes No

Please describe: _____

END OF APPENDIX C, FORM E, COMPANY FINANCIAL STATUS


	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX C OTHER REQUIRED PROPOSAL FORMS	

FORM F, CONTRACT MANAGER AND CONTRACT REPRESENTATIVE(S)

1. Contract Manager *: _____
2. Contract Representative: _____
3. 24-Hour Contact: _____
4. Contractor's Representative of Regulatory Affairs: _____

*** Please Note: a brief resume of the Proposed Contract Manager should be included with Form F.**

END OF APPENDIX C, FORM F, CONTRACT MANAGER AND CONTRACT REPRESENTATIVE(S)

	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX C OTHER REQUIRED PROPOSAL FORMS	

**FORM G, TREATMENT STORAGE AND DISPOSAL FACILITIES /
PROPOSED DISPOSAL / RECYCLING FACILITIES**

Proposer shall identify and list, in the format presented, each facility (including proposer-owned) that the Proposer intends to use for recycling, reclamation, reprocessing, etc., in performance of the Contract. Proposer shall describe the type of recyclables/wastes managed at the Facility. **for complete and accurate answers, Use additional sheets if necessary. Use of attachments for information is acceptable.**

- A. Facility Name: _____
- B. Mailing Address: _____
- C. Facility Site Address: _____
- D. Company Contact Person: _____
- E. Phone: _____ Email Address: _____
- F. Proposer-Owned? Yes No Subcontractor Owned? Yes No
- G. Describe the type of disposal activities performed at this facility: _____


- H. EPA/State identification Number: _____
- I. List of Environmental Permits/Licenses/Approvals: _____

- J. List **at least** two (2) Customer References for this Facility (Company Name, Company Location (City/State), Contact Person, and Contact Phone Number). This is a separate requirement from "Company References" (Form C), which is specific to the Proposer:
 - 1. _____

 - 2. _____

 - 3. _____

**END OF APPENDIX C, FORM G, TREATMENT STORAGE AND DISPOSAL FACILITIES /
PROPOSED DISPOSAL / RECYCLING FACILITIES**

	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX C OTHER REQUIRED PROPOSAL FORMS	

**FORM H, PROPOSED TRANSPORTERS
(PROPOSER-OWNED AND SUBCONTRACTORS)**

Transporter Company Name: _____

Company Site Address: _____

Company Contact Person: _____ Title: _____

Phone Number: _____ Email Address: _____

Proposer shall list all transporters (including proposer-owned) proposed to be use in performance of the Contract. **Use additional sheets, if necessary, for complete and accurate information. Attachments may be used.** Proposer may include additional transporters using the same format.

A. Mailing Address: _____

B. EPA/State Identification Number: _____

C. Proposer-Owned? Yes No Subcontractor? Yes No

D. Briefly describe the company's capabilities: _____

E. Number of miles driven annually: _____

F. Number of drivers: _____

G. Violations: _____

H. List **at least** two (2) Customer References for this Transporter (Company Name, Company Location (City/State), Contact Person, and Contact Phone Number). This is a separate requirement from "Company References" (Form C), which is specific to the Proposer:

1. _____

2. _____

3. _____

END OF APPENDIX C, FORM H, PROPOSED TRANSPORTERS



	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX D PRICE LISTS	


TABLE A: WASTE PRICE LIST

Provide "Proposed Unit Price" for management of each waste type listed below. Vendors may provide a "Proposed Management" method if different than the "Preferred Management" method listed below. Unless otherwise specified below, containers are filled as either lab packed or loose packed. **PLEASE NOTE:** Transportation costs **MUST** be factored into the price of each item below.

Item Description	Preferred Management	Proposed Management / Proposed Packing Method	Est. Qty per Year	Unit Price	Total Cost
Acids (Liquid and Solid)					
55-gallon drum	Treat-POTW		80		
5-gallon drum	Treat-POTW		1		
10-gallon drum	Treat-POTW		1		
55-gallon drum bulk	Treat-POTW		1		
Glacial Acetic acid – 5-gallon	Incinerate or Treat-POTW		3		
Glacial Acetic acid – 10-gallon	Incinerate or Treat-POTW		1		
Hydrofluoric acid – 5-gallon	Incinerate or Treat-POTW		2		
Hydrofluoric acid – 10-gallon	Incinerate or Treat-POTW		1		
Aerosols - Pesticide, Corrosive, Chlorinated, and Paint and Paint Related					
55-gallon drum	Incinerate		255		
cubic yard box	Incinerate		1		
Batteries – Alkaline, Carbon Zinc					
55-gallon drum	Recycle or Landfill		75		
Used Motor Oil with non-PCB Chlorinated Liquids (e.g. methylene chloride)					
55-gallon drum bulk	Incineration or Energy Recovery		1		
350-gallon tank	Incineration or Energy Recovery		1		
Used Motor Oil with PCB's					
55-gallon drum	TSCA Incinerate		1		
350-gallon tank	TSCA Incinerate		1		
Alkaline (liquid and solids)					
55-gallon drum	Treat-POTW		70		
5-gallon drum	Treat-POTW		1		
10-gallon drum	Treat-POTW		1		
55-gallon drum bulk	Treat-POTW		1		
Hypochlorite Solutions					
55-gallon drum	Treat-POTW		60		
Compressed Gas Flammable Cylinders, under 1.5 liters (camp fuel, propane, butane, inert gas)					
55-gallon drum	Energy Recovery		10		
Flammable Solids-4.1					
55-gallon drum	Energy Recovery		5		
Road Flares					
5-gallon drum	Energy Recovery or Incinerate		20		

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	APPENDIX D PRICE LISTS	

Item Description	Preferred Management	Proposed Management / Proposed Packing Method	Est. Qty per Year	Unit Price	Total Cost
Reactives (4.2, 4.3)					
55-gallon drum	Incinerate		1		
5-gallon drum	Incinerate		2		
10-gallon drum	Incinerate		1		
Oxidizers					
55-gallon drum	Treat-POTW or Incinerate		1		
5-gallon drum	Treat-POTW or Incinerate		1		
10-gallon drum	Treat-POTW or Incinerate		35		
55-gallon drum bulk	Treat-POTW or Incinerate		1		
Organic Peroxides					
5-gallon drum	Incinerate		2		
10-gallon drum	Incinerate		1		
Latex Paint - "Good" NOT Paint Stewardship Eligible					
55-gallon drum	Recycle		1		
Cubic Yard box	Recycle		1		
Latex Paint - "Bad" NOT Paint Stewardship Eligible					
55-gallon drum	Beneficial Reuse or Landfill		1		
Cubic Yard box	Beneficial Reuse or Landfill		1		
55-gallon drum bulk	Beneficial Reuse or Landfill		1		
Oil Based Paint/Paint Related Material-NOT Paint Stewardship Eligible					
55-gallon drum	Energy Recovery		480		
Cubic Yard box	Energy Recovery		70		
55-gallon drum bulk	Energy Recovery		1		
Non-Chlorinated Mixed Flammable Liquids (gasoline, paint thinner, solvents, etc.)					
55-gallon drum	Energy Recovery		1		
55-gallon drum bulk	Energy Recovery		450		
Pesticide Solids					
55-gallon drum	Incinerate		95		
5-gallon drum	Incinerate		1		
10-gallon drum	Incinerate		1		
Cubic Yard box	Incinerate		1		
Pesticide/Chlorinated Liquids					
55-gallon drum	Incinerate		300		
5-gallon drum	Incinerate		1		
10-gallon drum	Incinerate		1		
PCB Light Ballasts, non-leaking					
55-gallon drum	Hazardous Waste Landfill		1		
55-gallon drum	Recycle/Incinerate		1		
5-gallon drum	Hazardous Waste Landfill		1		
5-gallon drum	Recycle/Incinerate		1		

	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX D PRICE LISTS	

Item Description	Preferred Management	Proposed Management / Proposed Packing Method	Est. Qty per Year	Unit Price	Total Cost
PCB Light Ballasts, leaking					
55-gallon drum	TSCA Incineration		1		
5-gallon drum	TSCA Incineration		1		
PCB Liquids >50 ppm					
55-gallon drum bulk	TSCA Incineration		1		
5-gallon drum	TSCA Incineration		1		
Elemental Mercury					
5-gallon drum	Retort		1		
Mercury Debris					
5-gallon drum	Retort		1		
10-gallon drum	Retort		1		
55-gallon drum	Retort		1		
Mercury Compounds					
5-gallon drum	Retort		1		
10-gallon drum	Retort		1		
Lithium Batteries					
5-gallon drum	Recycle or Incinerate		1		
55-gallon drum	Recycle or Incinerate		1		
Non-RCRA Liquids (oily water, WT02 coolants, etc.)					
55-gallon drum, bulk	Treat/POTW		5		
Non-RCRA Solids (contaminated soils, debris, etc.)					
55-gallon drum, bulk	Stabilize/Landfill		1		
Cubic Yard box	Stabilize/Landfill		1		

ADDITIONAL WASTE STREAMS

Item Description	Preferred Management	Proposed Management	Est. Qty per Year	Unit Price	Total Cost
Marine Flares	Incineration		1		
Pharmaceuticals / Medications	Incineration		1		
Propane Grill Cylinders (20-pound / 4.6-gallon)	Energy Recovery		75		
Low-level Radioactive Waste (uranyl nitrate, radium paint)			1		
Lighters	Energy Recovery or Incineration		1		
Fire Extinguishers	Stabilize/Landfill		15		
Formalin with Animal Tissue	Incinerate		1		

If a new waste stream arrives at the Facilities that is not listed on the Waste Price List and is not covered under another contract, the contract representatives will negotiate a fair and reasonable price without the need for a contract amendment, provided that the new waste stream will be incorporated into the updated Waste Price List in any future amendment.


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	APPENDIX D PRICE LISTS	

TABLE B: SUPPLIES PRICE LIST

Provide "Proposed Unit Price" for each supply item listed below. **PLEASE NOTE:** Transportation costs **MUST** be factored into the price of each item below.

Supplies	Est. Qty per Year	Proposed Unit Price	Total Cost
Empty Drums - Reconditioned			
55-gallon metal 1A1	450		
55-gallon metal 1A2	2,000		
30-gallon metal 1A1	5		
30-gallon metal 1A2	5		
85-gallon metal overpack	10		
85-gallon plastic overpack	5		
Empty Drums - New			
55-gallon metal 1A1	1		
55-gallon metal 1A2	1		
30-gallon metal 1A1	1		
30-gallon metal 1A2	1		
10-gallon plastic 1H2	1		
5-gallon plastic 1H2	1		
85-gallon metal overpack	1		
85-gallon plastic overpack	1		
Pre-printed shipping papers (non-hazardous waste manifest, e.g.)			
Shipping markings/labels, per delivery	80		
DOT hazard class labels, per roll	1		
Cubic Yard Packaging			
Plastic Tote, Cubic Yard	135		
Gaylord Box, DOT Spec, Cubic Yard	5		


	REQUEST FOR PROPOSALS 2024-031	KITSAP COUNTY PURCHASING OFFICE 614 Division St., MS-7 Port Orchard, WA 98366 Phone: (360) 337-4789 Email: purchasing@kitsap.gov
	APPENDIX D PRICE LISTS	

TABLE C: SERVICES PRICE LIST

Provide "Proposed Unit Price" for each service listed below, if available, to each service item listed below.

Services <i>(Must be staffed by 24 or 40 hr. HAZWOPER personnel, certified and current)</i>	Unit Price
Certificates of Treatment	
Per Shipment, no final CD's	
Certificates of Disposal	
Per Shipment, with final CD's	
HHW Facility Haz-cating and/or consulting	
Per Hour	
Travel	
HHW Facility extra help (including weekends)	
Per Hour	
Travel	
One Day HHW mobile collection event, mobilization and staffing (assumption: 300-400 vehicle event). Supply a new price list if mobile costs for waste and supplies differs from fixed facility costs in Tables A and B.	
Site Chemist/Specialist, per hour	
Technician, per hour	
Site Supervisor, per hour	
Travel, hours	
Transportation for setup	
Transportation for waste hauling	
Training (on site, include travel costs)	
HAZWOPER 8-hour refresher	
DOT	
Consulting (for policy, operations, safety and health, facility design, etc.)	
Per hour	

END OF APPENDIX D, PRICE LISTS