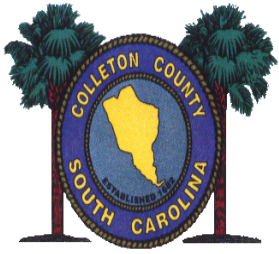


Bid Submittal Form

<p><b>COLLETON COUNTY, SOUTH CAROLINA</b>, a body politic and corporate and a political subdivision of the State of SC</p>	<p>MAIL TO: Finance-Purchasing ATTN: Stacy Langdale, CPPB PO Box 157 Walterboro, SC 29488</p>	
<p><b>SEALED BID</b></p>	<p>HAND CARRY TO: Purchasing Office, Room 208A Harrelson Building, 31 Klein Street Walterboro, South Carolina 29488</p>	
<p><b>Bids will be accepted until 1:00 PM, Monday, December 21, 2009</b></p>	<p>TELEPHONE NO. (843) 549-5716</p>	
<p>Then Publicly Opened in Room 208</p>	<p><b>BID NUMBER: ACC-02 Sale of Impounded Horse</b></p>	

OFFEROR NAME: \_\_\_\_\_

OFFEROR ADDRESS: \_\_\_\_\_

CITY-STATE-ZIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(If different from above) \_\_\_\_\_

TELEPHONE NO.(\_\_\_\_\_) \_\_\_\_\_ FAX NO.(\_\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

I certify that this bid is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a bid for the same materials, supplies, or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this bid and verify that I am authorized to sign this bid for the proposer. I further state that the company affiliated with this bid currently complies with all applicable federal and state laws and directives relative to non-discriminatory practices in employment.

Offeror acknowledges receipt of the following addendum:

Number \_\_\_\_\_ Dated \_\_\_\_\_

Number \_\_\_\_\_ Dated \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

## INSTRUCTIONS TO OFFERORS

1. **Submit one (1) clearly identified original and one (1) exact duplicate of the Bid and Application along with a certified check or money order for the Application Fee of \$25. in a sealed envelope with the bid number, offeror's name, as well as the time and date for opening prominently marked on the outside.**
2. Bids must be submitted to or at the time, date and exact location specified to be considered. No late bids, telegraphic, telephonic, or electronic bids will be accepted.
3. Bids must be made in the official name of the firm or individual under which business is conducted (showing official business address) and must be signed in ink by a person duly authorized to legally bind the person, partnership, company, or corporation submitting the bid.
4. All information requested of the offeror must be entered in the appropriate space on the original forms. Failure to do so may be grounds for disqualification.
5. All information must be entered in ink or typewritten. Mistakes may be crossed out and corrected prior to submission, if initialed by the person signing the bid.
6. Corrections and/or modifications received after the closing time specified will not be accepted.
7. Colleton County reserves the right to award proposals received on the basis of individual items, groups of items, or the entire list of items; to reject any and all proposals; and to waive any technicalities.
8. In order for a bid to be considered complete, vendors must be able to supply all items in the bid package. In addition, all requested information in the bid package must be completed and returned in its entirety to constitute a complete bid.
9. Prohibition of Gratuities: It shall be unethical for any person to offer, or give, or agree to give any County employee or former County employee, or for any County employee or former County employee to solicit, demand, accept, or agree to accept from another person, a gratuity or an offer of employment in connection with any decision, approval, disapproval, recommendation, or preparation of any part of a purchase request, influencing the content of any specification or procurement standard, rendering of advice, investigation, auditing, or in any other advisory capacity in any proceeding or application, request for ruling, determination, claim or controversy, or other particular matter, pertaining to any program requirement or a contract or subcontract, or to any solicitation or bid therefore.
10. **Addendum to Bid:** If it becomes necessary to revise any part of this invitation to bid, an addendum will be provided in writing to all vendors receiving this solicitation. All amendments issued by Colleton County must be acknowledged in writing by vendor. In addition, all addenda will be posted to the Colleton County website at [www.colletoncounty.org](http://www.colletoncounty.org) under "Online Bids." It is the responsibility of the Vendor to check the website for addenda up to the time of the bid opening.
11. The Evaluation of the bids and the determination as the equality of the offers is the responsibility of Colleton County, and will be based on information furnished by the offeror in the bid.
12. Unless otherwise indicated in the bid notice, prices must be firm, and remain in effect for ninety (90) days. Ambiguous bids which are uncertain as to fees, delivery, or compliance with specifications may be rejected or disregarded.
13. The successful offeror must indemnify and hold harmless Colleton County, its officers, agents, and employees, from all suits or claims of any character brought by reason of infringing on any patent, trade mark, or copyright.

14. Every effort has been made to insure that all information needed by the offeror is included herein. If the offeror finds it cannot complete a bid without additional information, it may submit written questions to Stacy Langdale, Purchasing Manager at the addresses listed on the Bid Submittal Form or via e-mail at [slangdale@colletoncounty.org](mailto:slangdale@colletoncounty.org) . All questions and written replies will be distributed to all Vendors and will become a part of the solicitation. **Questions must be submitted in writing and received five (5) days before the time of bid opening.**

BID PROCEDURES MUST COMPLY WITH THE PROVISIONS OF SC LAW AND REVISED PURCHASING ORDINANCE NUMBER 2000-0-21 AS AMENDED.

**SPECIFIC INFORMATION**

Colleton County is seeking qualified applicants to bid on an Impounded Paint Horse that has been in the custody of the County since November 6<sup>th</sup> as required by the Colleton County Code of Ordinances, Chapter 6: Animals, Section 6.04.140.

Bids will be evaluated promptly after the bid opening with results announced within 10 days. Failure to follow bid requirements or to submit all required forms and information shall cause a bid to be non-compliant and to be eliminated from consideration.

The County reserves the right to accept or reject any or all bids, to waive any bidding formalities, to negotiate with the bidder of its choice, and to make an award deemed to be in its own best interest.

A \$25 Application Fee must be submitted along with the bid and application. Application Fee can be paid by certified check or money order made payable to Colleton County. **Bids that are less than \$150 will NOT be considered.**

The successful bidder will make final payment by cash or cashier’s check immediately upon award of the bid. The animal(s) must be removed from County property within three days of payment.

Appointments can be made to view the horse Monday through Friday from 11:00am-4:00pm by calling the Animal Shelter at (843) 893-2651.

Type of Animal	Paint Horse
Impound Date	November 6, 2009
Impound Number	17791H
Gender	Female / Mare
Weight	750 lbs
Height	15 Hands
Age	4-5 years
Coat Coloration	Black & White Paint
Markings, Brands, & Other Identifying Information:	None

**BID BREAKDOWN SHEET**

**ACC-02 Sale of Impounded Horse**

Please provide the following information and attach to the completed Bid Submittal Form and Application:

**TOTAL BID**            \$ \_\_\_\_\_

Paint Horse  
Impound # 17791H

**OFFEROR NAME:** \_\_\_\_\_

**OFFEROR SIGNATURE:** \_\_\_\_\_



## COLLETON COUNTY ANIMAL & ENVIRONMENTAL CONTROL

### Applicants Information:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (month, date, year) Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Driver License number/State issued: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Do you currently own or rent the home above? \_\_\_\_\_

If Renting please list the owner's Name, Address, and Phone Number: \_\_\_\_\_

\_\_\_\_\_

How long have you lived at this address: \_\_\_\_\_

Adopter's employer or company name (if self employed):

\_\_\_\_\_

Adopter's profession: \_\_\_\_\_

Work phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Name of immediate supervisor: \_\_\_\_\_

Number of years with employer: \_\_\_\_\_

Work fax number: \_\_\_\_\_ Work e-mail; \_\_\_\_\_

**Humane Violations Check:**

**Have you ever been issued a warning/citation, or been convicted for humane violations?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been charged with or convicted of animal abuse? Yes: \_\_\_\_\_ No : \_\_\_\_\_**

If Yes please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Have you ever been convicted of a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_**

If yes please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Responsibility for Care:**

**Have you been involved with organized horse groups?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please list organizations:

\_\_\_\_\_

**Have you ever been responsible for the care of a horse or pony?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**If yes, how long ago and under what circumstances?**

\_\_\_\_\_

**Do you currently own a horse? Yes: \_\_\_\_\_ NO: \_\_\_\_\_**

**If so, When: \_\_\_\_\_ How Long: \_\_\_\_\_ How Many: \_\_\_\_\_**

**In the past five years have you given away or sold any horses? Yes:- \_\_\_\_\_ No: \_\_\_\_\_**

**If so please explain: \_\_\_\_\_**

**In the past five years, have you had a horse die while in your care? Yes: \_\_\_\_\_ NO: \_\_\_\_\_**

**If so please explain: \_\_\_\_\_**

**In the past five years have you had to have any horses euthanized? Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**In the past five years have you had a horse removed from your care, for any reason, by any federal, state or local agency or by a rescue group? Yes: \_\_\_\_\_ No: \_\_\_\_\_**

**If so please explain: \_\_\_\_\_**

**If you haven't owned a horse in some time, will you be enlisting the help of an equine professional to work with you about care?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Please list any other large animals you now have, the type (please include current photos with your application):**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

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**Will the horse be boarded on your property?**

Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, provide the name, address and phone number where you will board and have the barn Owner/manager complete the attached **Boarding Addendum**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Describe the stall or cover the horse will have:**

\_\_\_\_\_

**What type of fencing does the facility have? (Please include size of turn – out area)**

\_\_\_\_\_

**How many hours will the horse be turned out each day?** \_\_\_\_\_

**Specifically, who will be responsible for daily care?**

\_\_\_\_\_

**Is this person:**

Experienced: \_\_\_\_\_ Somewhat experienced: \_\_\_\_\_ Inexperienced in the care of horses: \_\_\_\_\_

**If care is to be provided by persons who are not adults, please list their names, ages, and the name of the person who will be supervising them:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

**Supervising Adult:** \_\_\_\_\_

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## **Applicant References**

Colleton County Animal Control requires references (**please do not use immediate family members**). To expedite the approval process, you may have your references fill out the attached **Reference Form** and fax or email it to us. Please be advised that we DO check all references provided. Please be sure all contact information is correct.

Current Vet name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Farrier name: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Horse-related reference**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Work-related reference**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

### **Civic-related reference**

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

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**Directions to your farm or stable from the nearest major road or highway:**

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CCAEC requires pictures and drawing of the shelter and turn-out area where you intend to keep your horse whether this is at your farm or another facility. We would also like pictures of any other animals you own now. These pictures will be returned promptly if you include a self-addressed envelope. Better yet, e-mail us digital pictures that we can keep with your file!  
**[ccaec@colletoncounty.org](mailto:ccaec@colletoncounty.org)**

**Draw your facility in this space:**

**Acknowledgment:**

If this offer is accepted, I understand that the horse(s) adopted from CCAEC includes no guarantee regarding training level, soundness, temperament, or general condition. Sanitary living conditions must be provided with a shelter from the elements and proper vaccinations as recommended by CCAEC.

I agree to accept all and full responsibility for any action or lien resulting from any action or inaction, directly or indirectly, involving said equine(s). Therefore, I agree and understand that neither CCAEC nor its employees or agents will be liable for any damage or injury caused to me or any third person by the equine(s) once I receive delivery of it, including but not limited to damages or injuries caused by the fact that the equine(s) does not behave or perform in the manner I expected. Further, if any third person makes a claim against CCAEC or any of its employees or agents as a result of any conduct of the equine(s) in my possession, I agree to indemnify and hold CCAEC, its employees and agents, harmless from any such claim, including costs and attorney’s fee resulting from such claim.

By my signature, I attest to the fact that everything stated in this application is true and factual and I understand any false statements can result in immediate removal of the adoption horse from my facility.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

In addition, I understand that CCAEC may perform a background check on me to verify my personal information, including credit history, as well as to check for criminal convictions.

Yes: \_\_\_\_\_ No: \_\_\_\_\_

This Agreement and the rights and obligations of the parties here to shall be subject to and shall be construed and interpreted under the laws of the State South Carolina and Colleton County Ordinances. The parties hereto shall consent to jurisdiction of the courts of South Carolina for all purposes and for any disputes arising under this Agreement.

\_\_\_\_\_  
Signature of Adopter:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed Name of Adopter:

\_\_\_\_\_  
CCAEC Representative Signature:

\_\_\_\_\_  
Date:

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# Boarding Addendum

Please have this form filled out and signed by the boarding facility manager/owner if the adoptive horse will be boarded.

## Boarding Facility's Address

Name of the Farm/Stable: \_\_\_\_\_

Name of Farm Owner: \_\_\_\_\_

Name of Barn Manager: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Barn Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Directions to the farm from the nearest interstate:

\_\_\_\_\_

\_\_\_\_\_

## General Information

How many horses live at this facility? \_\_\_\_\_

What are their sexes (circle all that apply)? Mares    Geldings    Stallions

What is the main use of the horses boarded at this facility?

\_\_\_\_\_

What is the maximum number of horses allowed at the facility? \_\_\_\_\_

## Food and Water

What type of hay are the horses fed? \_\_\_\_\_

How much each day? \_\_\_\_\_ How many times per day? \_\_\_\_\_

What type of grain will you provide? \_\_\_\_\_

How many times per day? \_\_\_\_\_

Do you provide clean water for your horses 24 hours per day? Yes    No

What is your water source? \_\_\_\_\_

## Barn/Run In/Covered Shed

Do you have a barn?    Yes    No

Will the horse have a stall of its own?    Yes    No

What are the dimensions? \_\_\_\_\_ x \_\_\_\_\_

Are horses brought into the barn during inclement weather?    Yes    No

If you do have a barn, do you have run-in sheds?    Yes    No

What are the dimensions? \_\_\_\_\_ x \_\_\_\_\_

**Paddocks/Pasture/Turn Out Facilities**

How many acres of turn out do you have? \_\_\_\_\_

What type of pasture do you have (e.g., grass, no grass)? \_\_\_\_\_

How many separate paddocks do you have on the property? \_\_\_\_\_

What are the sizes of the paddocks? \_\_\_\_\_

How are the horses turned out? Together or Separately

If together, how many horses are turned out together at one time? \_\_\_\_\_

What type of fencing do you have? \_\_\_\_\_

**Barn/Stable Veterinarian**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Barn/Stable Farrier**

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you understand that CCAEC will not pay any past due bills of adoption horses and that as a facility manager you must notify CCAEC if the adopter fails to pay board on time? Yes No

Do you understand that ownership of the adopted horse remains with CCAEC and no lien can ever be put on a CCAEC adopted horse for non payment of board or any service you provide? Yes No

Do you understand the adopter can not sell or transfer their horse to another person without CCAEC knowledge and written permission? Yes No

Do you understand adopters cannot change the horse's location without prior approval from CCAEC? Yes No

\_\_\_\_\_  
Signature of boarding facility manager/owner

\_\_\_\_\_  
Date