REQUEST FOR BIDS

CITY OF ROCK ISLAND

Blended Anti-Icing Fluid

The City of Rock Island is requesting proposals for the purchase of Blended Anti-Icing Fluid. Bids must be received by 11:00 am October 30th, 2012 at the City of Rock Island Public Works Department at 1309 Mill St. Rock Island, IL. 61201. Bids will be opened publicly and read aloud at the Municipal Services Department 100 6 Avenue @ 11:15 a.m.

Bids must be sealed and clearly marked "Blended Anti-Icing Fluid". No fax or other electronically transmitted bid will be accepted. Bids received after the deadline will be returned to the sender unopened.

Questions regarding this proposal should be directed to Randy Tweet, Street Maintenance Superintendent (309)-732-2286 or Theresa Burrage, Office Assistant III (309) 732-2244

The City reserves the right to reject any or all bids and to waive informalities or technicalities.

The City of Rock Island is requesting proposals for the purchase of **Blended Anti-Icing** Fluid (Geomelt SC 217 or Approved Equal).

Anti-icing Fluid Specifications

- 1. Intended Applications: Pavement anti-icing and pre-wetting salt at the spinner.
- 2. Blend Mixture: 20% Geomelt, 10% CACL, 70% NACL
- 3. Typical Properties:

| Appearance | Brown | Freeze Point | -30 F |
|-------------------------|------------------|------------------|----------|
| Dry Solids | 32-34% | pН | 6.0-8.5 |
| Specific Gravity | 1.21-1.28 | Water Solubility | Complete |
| Wt./Gal. | ~10.2 lbs / gal. | - | _ |

- 4. Price to include delivery.
- 5. Products to be delivered in 4,500 gallon (approx.) shipments.
- 6. Estimated purchase: 10,000 to 20,000 gallons
- 7. First shipment guaranteed by November 30, 2012. Ten day maximum lead time on subsequent shipments.
- 8. Approved equal products will be considered.

PROPOSAL

FOR

THE PURCHASE OF BLENDED ANTI-ICING FLUID

| Quantity | 20,000 gal. |
|-----------------------|-------------|
| Cost per Gallon | |
| Total | |
| | |
| | |
| Company | |
| Company: | |
| Address: | |
| City/State: | |
| | |
| Telephone: | |
| Fax: | |
| Date: | |
| | |
| | |
| | |
| Authorized Signature: | |
| Type or Print Name: | |
| Title | |