

Notice of Sale

Description:

The City of Sioux Falls is having a surplus sale for Straw Bales.

Condition:

Varies by Bale (listed in the details below).

Location:

To arrange an appointment to see the straw bales, please contact Ryan Bechtold at Sioux Falls Sanitary Landfill at 605-367-8166 or rbechtold@siouxfalls.org.

Bid Award:

The sale of the straw bales will be awarded to the highest bidder. It will be the awarded bidder's responsibility to coordinate the pickup and shipping within 45 days of the award.

The City of Sioux Falls reserves the right to reject all or any bids, waive technicalities, and make award(s) as deemed to be in the best interest of Sioux Falls, SD.

Method of Payment:

Each sealed bid must include payment that can be a certified check, cashier's check, or money order in the amount of the bid, payable to the City of Sioux Falls. The sealed bid shall also include the bid form filled out and signed by the bidder. No personal checks or company checks will be accepted. If a certified check, cashier's check, or money order is not included with the bid, the bid will be considered nonresponsive and will not be accepted. The City will then award to the next highest bidder.

Payments will be returned 30 days from the date of award to all unsuccessful bidders.

All sales are final, and all items are sold AS IS. The City does not warrant the condition of the item.

Questions:

Any questions regarding this invitation to the bid shall be directed to Cherri Hanson, City of Sioux Falls, 605-367-8868 or chanson@siouxfalls.org.

Bid Proposal Form

The undersigned shall, if awarded this bid, furnish to the City of Sioux Falls, SD, payment for the following items in accordance with the conditions, specifications, and requirements as set out in the Notice of Sale in this response:

Item No.	Item Description	Quantity	Bid Amount
1.	Straw Bales (approximately 1,000 lbs.)	138	

The straw bales are sold as is, where is, and must be removed within 45 days of written notice.

Signature of Bidder _____

Date _____

Typed/Printed Name and Title _____

Company Name _____

Address _____

Telephone _____ Fax _____

Federal Tax ID Number _____







