

**Delaware Department of Natural Resources & Environmental Control
Bid Quotation Summary Form (For ALL Purchases over \$5,000)**

Contact Person JEFF C. TINSMAN Phone Number 735-2974 Section 40-03-03

Source of Funding U.S. FISH & WILDLIFE SERVICE Project Number (If Federal \$) F-48-D-19

Vendor Selected CHORMAN E.I.# 51-0246419 Amount \$ 49,000. Approved By _____

Address 30475 EAST MILL RUN MILTON, DE 19968

Date Vendor Selected 5/1/11 Purchase is - One Time Continuous _____ If Continuous How Often _____

Description of Item(s) to be Purchased:

AERIAL Reef SITE ANGLER SURVEY

Vendors Solicited (Three Bids Required)

- Formal Bid (>\$25,000 for Goods & Serv.; >\$50,000 for Prof. Serv.) If Checked - Contract # DTI-08-0013
- Informal Bid (Phone, Fax, or Written)

Vendor Name	Written or FAX (attach)	Person Contacted & Phone Number	Dollar Amount
1. <u>CHORMAN Spraying LLC</u>		<u>JEFFREY A. CHORMAN</u>	<u>\$350./hr. #49,000. total</u>
2. _____	<u>(ONLY BID RECEIVED)</u>		
3. _____			

If Vendor Selected is Other than Low Bid, Provide Justification

I, _____ certify that the *Vendor Selected* is not on the Federal Debarred and Suspended Listing. I have verified this vendor by visiting <http://epls.arnet.gov> (At this site, enter your name, then accept the terms and conditions, then select EPLS Search Menu, then select Search by State /Country, then enter the State for the selected Vendor and review the listing)

I, _____ certify that the *Product or Service* selected is not on State Contract. I have verified this by visiting <http://www.state.de.us/dss/contracting/index.shtml>

I, _____ certify that the company/individual being solicited has been queried for its MBE/WBE/DBE (Minority Business Enterprise, Women-owned Business Enterprise, ~~Disadvantaged Business Enterprise~~ Business Enterprise) status. (Check <http://cfpub.epa.gov/sbvsps/> and <http://gss.omb.delaware.gov/omwbe/index.shtml> for a MBE/WBE/DBE list.)

Fish & Wildlife Purchase Information:

Description: AERIAL FLIGHT Reef Survey

Funding: USFWS F-48-D-19

Program Adm/Mgr Approval: _____ Date _____

Catg - 99999999

FSF Entry and Workflow:

Chartfield: 11 225 460303 4603301

40868 55000 40000 1345 DNREC

Date Entered: _____ Doc ID _____

Division Authorized Signatures:

Director's Approval: _____ Date 5/25/11

Business Mgr. Approval: _____ Date _____

Grant Review: _____ Date _____

Internal Accounting Approval: _____ Date _____

Voucher Processed Date: _____

Ad Hoc

Approvers: _____