



Solicitation Cover Page
For Minor Projects under Statutory Amount

Oklahoma Department of Wildlife Conservation - Administration - Accounting

DATE OF SOLICITATION made as of the **3rd** day of **July** in the year **2025**.

Solicitation Information:

Solicitation Number: **022S**

Project Name: Grassy Slough Wildlife Management Area (WMA) for Disking Wetlands vegetation, and improve habitat conditions for wildlife.
Address: 1473 N. 4225 Road
City ZIP: Grant, OK 74738

Bids Due: **Thursday, August 21st, 2025 at 3:00 PM.**

Using Agency Information:

Using Agency Name: **Oklahoma Department of Wildlife Conservation**

Point of Contact: **Susan Mecham**

Mailing Address: **PO Box 53465**
City, ST Zip: **Oklahoma City, Oklahoma 73152**

Delivery Address: **1801 North Lincoln Boulevard**
City, ST Zip: **Oklahoma City, Oklahoma 73105**

Phone: **405-522-6137**

Email: **susan.mecham@odwc.ok.gov**

The **Oklahoma Department of Wildlife Conservation** is inviting written bids for all Project Management, Superintendence, labor, machinery, equipment, tools, materials, supplies and appurtenances described by this solicitation.

Method of Responding to this Solicitation: Bids will be accepted by mail, email or hand delivered to the Using Agency Contact specified above.

The requirements of the proposed contract for construction are described within this Solicitation, and the Solicitation will become a part of any resultant Contract. Bidder will perform work in compliance with all applicable codes, standards, ordinances and laws. The issuance of this Solicitation does not guarantee that the State of Oklahoma will enter into an agreement, and the State reserves the right to reject any and all bids.

In preparing a bid, please review the attached documents and comply with instructions given:

- Bid Form: Sign, date and return Bid Form provided in Solicitation Package.
- Scope of Work (SOW): Description, Requirements and Agreement of the Work Needed to Complete the Project.
- Registered as a Supplier to do Business with the State of Oklahoma. [Supplier Portal \(oklahoma.gov\)](https://oklahoma.gov/supplier-portal)
- Supplier Insurance: General Liability Insurance and Workers Compensation or Exemption.
- Comply with the Federal Purchasing Requirement "Build America Buy America" (BABA) when applicable.

If the Bidder has any questions about this Solicitation, please contact the Using Agency Contact listed above.

This Solicitation and any resulting Contract for Construction is in accordance with 61 O.S. §101- 138, and specifically 61 O.S. §103(B) regarding projects under the statutory amount mandated therein. Any resultant contract will be awarded by the State of Oklahoma, Office of Management and Enterprise Services, Division of Capital Assets Management, Department of Real Estate Services, Construction and Properties (Owner Agent for State).



Oklahoma Department of Wildlife Conservation

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To: Oklahoma Department of Wildlife Conservation

Accounting Department
1801 N. Lincoln Blvd.
Oklahoma City, OK 73105 ATTN:
Susan Mecham
RE: Solicitation Number: **022S**

From:

(Firm Name)

(Address)

(City/State/Zip)

(Telephone No.)

(EIN/TIN No.)

(Email Address)

_____, _____, _____, _____,
_____, _____, _____, _____,
_____, _____, _____, _____,
(List Addendum Number(s) received above)

ARTICLE 1: General.

1.1 The undersigned, being familiar with the local conditions affecting the cost of the work, with the Solicitation for Bids and in accordance with the provisions thereof, hereby proposes to furnish all labor, materials and equipment necessary for the sums listed herein.

1.2 In submitting the bid, it is understood that the right is reserved by the State of Oklahoma to reject any and all bids, and it is agreed that this bid may not be withdrawn for a period of thirty (30) days after the date bids are due. Work is to start within ten (10) days after receipt of Notice to Proceed.

1.3 If awarded the project:

(Indicate applicable response and fill in days below)

☐ We propose to complete this work within _____ calendar days from the date of receipt of the Notice to Proceed.

ARTICLE 2: Compliance.

2.1 The Bidder certifies that:

2.1.1 they are an Equal Employment Opportunity Employer and that they do not discriminate in any of their business or employment practices;

2.1.2 they, and all sub-contractors and suppliers performing work on the Project, will comply with the provisions of the Oklahoma Taxpayer and Citizen Protection Act of 2007 and participate in the Status Verification System. The Status Verification System is defined in the Oklahoma Statutes, Title 25 §1312;

2.1.3 they will comply with the laws relating to public construction in the Oklahoma Statutes (Title 61) and the Oklahoma Administrative Code (Section 260, Chapter 65); and

2.1.4 they will comply with all State of Oklahoma Governor's Executive Orders, including those relating to the prohibited use of any and all tobacco product on any and all properties owned, leased or contracted for use by the State of Oklahoma, including but not limited to all buildings, land and vehicles owned, leased or contracted for use by agencies or instrumentalities of the State of Oklahoma.

Fill out the requested rates and apply that rate to the estimated quantities to establish a comparative basis for contract award. The quantities are estimates only and may not reflect actual contract usage. The State will only assign work based upon need and makes no warranty or guarantee as to any minimum amount that may be authorized under the contract.

Category	Rate	Estimated Quantity	VI cost Amount (USD)
Grassy Slough Wildlife Management Area for Diking Wetlands vegetation, and improve habitat conditions for wildlife.		200 Acres	\$

(Insert amount using numbers)

4.1 Non-collusion Statement. For the purposes of a competitive bid for a public construction contract, the undersigned, being first duly sworn, certifies that

c. in any discussions between bidders and any state official concerning exchange of money or other thing of value for special consideration in the letting of a contract.

4.3.1 I further certify that the nature of any partnership, joint venture or other business relationships presently in effect or which existed within one (1) year prior to the date of this statement with the Architect, Engineer, or other party of the project is:

4.3.2 That any such business relationship presently in effect or which existed within one (1) year prior to the date of this statement between any officer or director of the bidding company and any officer or director of the architectural or engineering firm or other party to the project is:

4.3.3 And that the names of all persons having any such business relationships and the positions they hold with their respective companies or firms are:

I solemnly swear or affirm, under penalty of perjury, that the foregoing is true and correct.

(Bidder Printed Name)

(Bidder Printed Title)

(Date)

Scope of Work

Wetland Unit Disking

Oklahoma Department of Wildlife Conservation

Project Overview

This project involves disking designated wetland units to enhance habitat quality, promote native wetland vegetation, and control invasive species. Disking will disturb the soil surface to encourage seed germination, reduce existing undesirable plant competition, and improve habitat conditions for waterfowl and other wildlife. This document outlines the expectations, equipment, and specifications for disking wetland units on Grassy Slough Wildlife Management Area for 2025.

Scope of Work

Basis of Contract

- Determination of the lowest responsible bidder will be made based on the lowest extended price (acres x price).
- ODWC reserves the right to make any inquiries to ensure that the lowest bidder is capable of completing project in a satisfactory manner.
- The contract will be issued by the Office of Management and Enterprise Services, Construction and Properties Division (CAP). Contractor shall not begin work until the contract is in place and written notice to proceed has been issued by (CAP).
- Contractor will be required to provide certificates of insurance for general liability, vehicles and worker compensation (if applicable) along with bonds listed in the project manual general conditions immediately upon notification that they are the successful bidder. A contract will not be issued without the required proof of insurance.
- Terms and conditions will be stated in issued contract.
- All project related communications must go through the overseeing WMA biologist. Project invoices, affidavits for payment, etc. shall be sent to the overseeing WMA biologist at the following address and attention:

John McQuaig – ODWC Biologist
1473 N. 4225 RD
Grant, Oklahoma 74738
Cell: (580) 513-5020
Email: john.mcquaig@odwc.ok.gov

Site Description & Operating Window

- Approximately **200 acres** of drawn down (dried) wetland units to be disked between **07/01/2025 – 09/30/2025**.
- Wetland units located on Grassy Slough WMA, owned and operated by the Oklahoma Department of Wildlife Conservation (ODWC): T9S, R24E, Sections 11 & 12
- *See attached maps for project site location and wetland units to be disked.*

Equipment, Credentials, and Skills Required

- Utilize and follow project maps indicating disking zones, access routes, and areas to avoid.
- Clear and open communication with overseeing WMA biologist on work periods and arrival/departure from project site.
- Skilled and experienced using heavy equipment and implement safely and effectively.
- Minimum equipment requirements: 120 horsepower tractor and 12-foot primary tillage disk.
- Equipment that has low-ground-pressure tires to minimize soil compaction preferred.
- GPS-enabled equipment for precise disking patterns to ensure uniform coverage preferred.
- Contractor is responsible for all labor, materials, supplies, equipment, fuel, equipment maintenance, tools, safety equipment (e.g. PPE), transportation, and supervision.

Scope of Work

Wetland Unit Disking

Oklahoma Department of Wildlife Conservation

Project Specifications

- Disk to 4-6 inches to maximize disturbance of invasive species' root systems and promote native seed germination. The goal is to chop and mix existing vegetation.
- Conduct **3 passes** with the primary tillage disk over all 200 designated acres to ensure thorough soil disturbance and uniform coverage, adjusting disk angle or weight as needed for consistent depth.
- Disk in a pattern (e.g., parallel or crosshatch) to achieve even disturbance while avoiding over-compaction or damage to wetland hydrology.
- Avoid disking and transport during excessively wet conditions to prevent rutting or damage to wetland structure and roads.

Environmental and Safety Considerations

- Adhere to all state and federal environmental regulations.
- Ensure operators are trained in safe equipment operation and understanding of wetland-specific protocols preferable.

Timeline

- *Over-the-phone inquiries and scheduling voluntary pre-bid meetings may be done directly with the overseeing WMA biologist (contact info on previous page).*
- Entire project is limited between months of **07/01/2025 – 09/30/2025**. Narrow window between draining wetland units dry enough for disking and refilling for waterfowl season.
- **Pre-Disking (1-2 days):** Transport and deliver equipment to project site. Complete any discussions with WMA biologist to finalize plans.
- **Disking Operations (8–14 days):** Conduct three passes over designated acreage, with duration based on unit size and weather conditions.
- **Post-Disking (1-2 days):** WMA biologist inspection and approval, discussion of any damage concerns, document completion, and remove equipment from site.
- Total estimated duration: 10–18 days, depending on weather and equipment.

Project Outcome Expectations

- Completed disking of designated wetland units, using **3 passes** with primary tillage disk at **4-6 inches deep** on approximately **200 acres**. Existing vegetation should be chopped and mixed thoroughly.
- Roadways, levees, and any property of ODWC shall be left undisturbed, with no rutting or other damages from equipment or transport.

Assumptions and Constraints

- Seasonal weather conditions will allow access to wetland units without significant delays.
- Site access is available via existing roads or paths suitable for heavy equipment and transport.

Roles and Responsibilities

- **Contractor:** Provide equipment, labor, and expertise to perform disking (three passes, specified depths); ensure compliance with safety and environmental standards.
- **WMA Biologist:** project meetings, coordinate with contractor, review progress, and report outcomes.

Budget Considerations

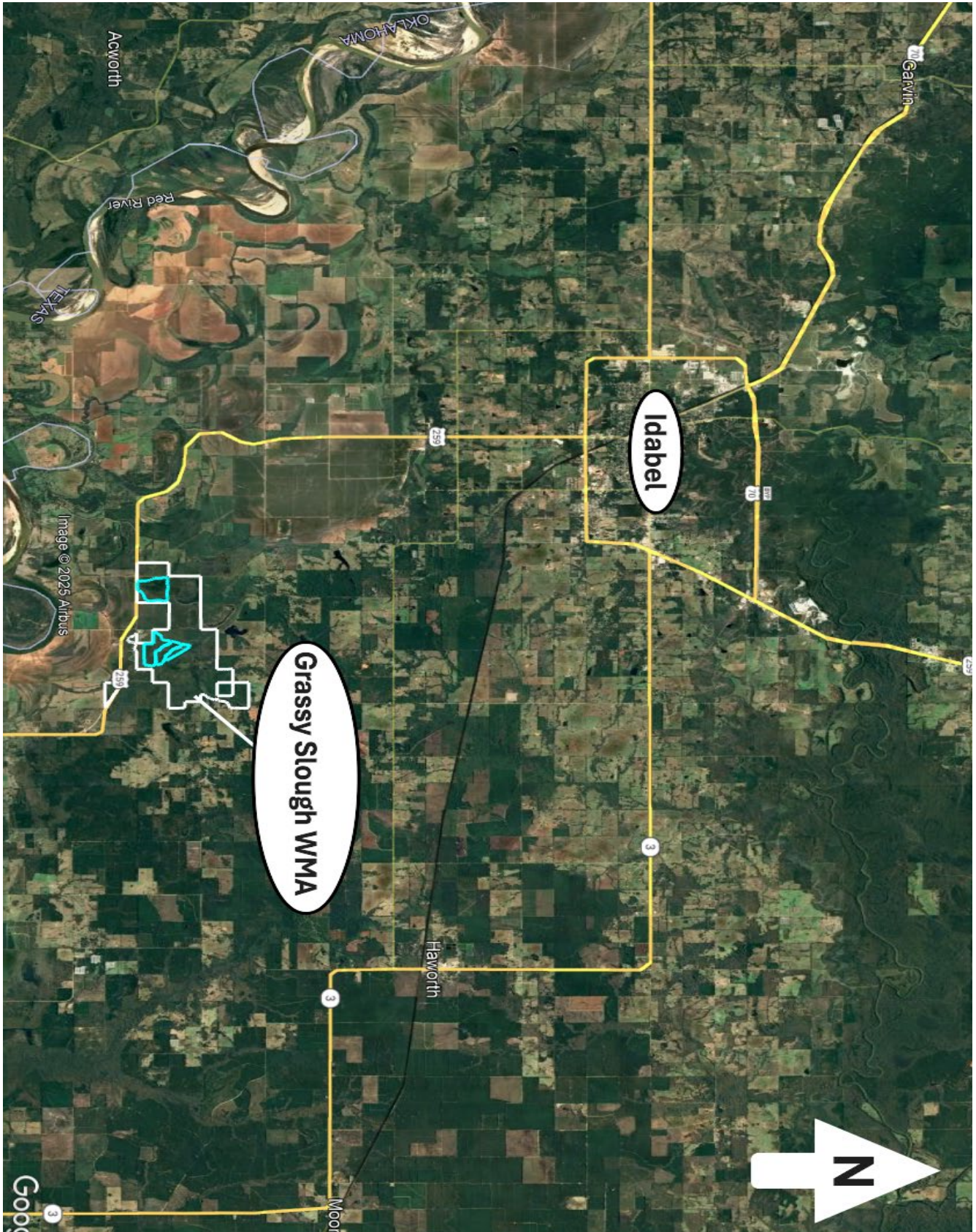
- Contractor costs include equipment rental or operation, fuel, labor, transportation, lodging, etc.
- Contractor is responsible for any additional costs, such as equipment breakdown/damages.

Scope of Work

Wetland Unit Disking

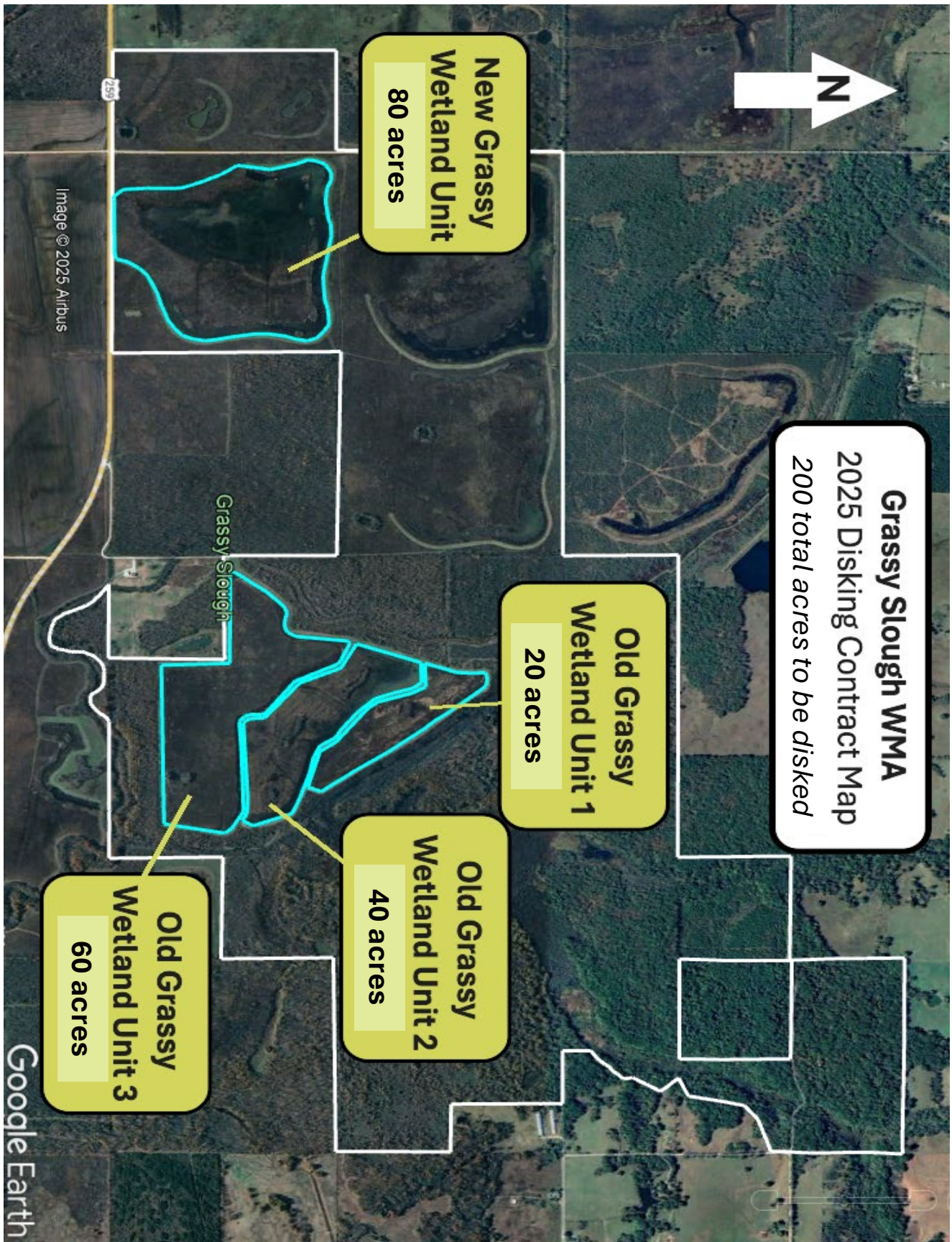
- Contractor will be held accountable and financially responsible for damaging roadways, levees, water control structures, and any other property of ODWC.

Grassy Slough WMA Project Site Location Map



Scope of Work
Wetland Unit Disking
Oklahoma Department of Wildlife Conservation

Grassy Slough WMA Disking Units 2025 Map



There will be **NO** bid bonds for this project.

Bids are invited as stated on the solicitation cover sheet and must be returned by the date and time specified. Late bids will **not** be considered. All bids must be accompanied by the Affidavit, attached.

For questions during the bid process direct your questions in writing to the following CPO, email: susan.mecham@odwc.ok.gov by Wednesday, August 6, 2025 at 10:00 AM as the last date and time for questions, Central Standard Time. No questions will be taken by phone, all questions must be in writing, only.

*****End of Scope of Work*****



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No. Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	NAIC #	
	INSURER A :	
	INSURER B :	
	INSURER C :	
INSURER D :		
INSURER E :		
INSURER F :		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y / N <input type="checkbox"/>	N / A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

Oklahoma Department of Wildlife Conservation
1801 N Lincoln Blvd.
Oklahoma City, Oklahoma 73105

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Statement of Exemption from Workers' Compensation Act Affidavit

Office of Management & Enterprise Services ■ Capital Assets Management ■ Department of Real Estate Services ■ Construction and Properties

Pursuant to Attorney General Opinion #07-8, the exemption from the Workers' Compensation Act provided for in 85a O.S. applies only to employers who are natural persons, such as sole proprietors, and does not apply to employers who are entities created by law, including but not limited to corporations, partnerships and limited liability companies.

DATED this _____ day of [Select] _____ in the year 20____.

BETWEEN THE OWNER:

State of Oklahoma
OMES/CAM/DRES Construction and Properties
P.O. Box 53448
Oklahoma City, OK 73152-3448
cap@omes.ok.gov

PROJECT:

(CAP Project Number)

(CAP Project Name)

(Address/Location)

ON BEHALF OF THE USING AGENCY:

(Using Agency Name)

CONTRACTOR/CONSTRUCTION MGR/DESIGN-BUILDER: Is this a d/b/a (doing business as)? ☐ Yes ☐ No

(Company Name)

(City, State ZIP)

(Address)

(Email)

(Telephone Number)

Claimed Exemption(s):

☐ Title 85, Section 311.5

☐ Other: _____

I, the undersigned, hereby solemnly swear or affirm, under penalty of perjury, that I am exempt from the Oklahoma Workers' Compensation Act and hereby waive any claim against the State of Oklahoma, including but not limited to, the Owner and the Using Agency, and/or their agents, and I assume all responsibility for accidents, injuries or losses incurred by me or one of my employees, subcontractors or suppliers while in connection with any activity conducted with performance of the contract for construction, thereby releasing the aforesaid from any responsibility under the Workers' Compensation laws of the State of Oklahoma.

(Authorized Representative Signature)

(Date Signed)

(Authorized Representative Printed Name)

(Authorized Representative Printed Title)

(EIN/TIN number)