

ADULT CORRECTIONS

Unit Name: Albemarle Correctional Institution

Phone 704-422-3036

Address: 44150 Airport Road
New London, NC 28127

Cathy Hodge

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 40-cu yd compactor picked up 2 times per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$ _____ . _____ per mo.

Container No. 5 \$ _____ . _____ per mo.

Container No.2 \$ _____ . _____ per mo.

Container No. 6 \$ _____ . _____ per mo.

Container No.3 \$ _____ . _____ per mo.

Container No. 7 \$ _____ . _____ per mo.

Container No.4 \$ _____ . _____ per mo.

Container No. 8 \$ _____ . _____ per mo.

Landfill fee for roll off container/compactor

\$ _____ . _____ per ton

Hauling fee for roll off container/compactor

\$ _____ . _____ per haul

Additional haul roll off container/compactor

\$ _____ . _____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Alexander Correctional Institution

Phone 828-632-1331

Address: 633 Old Landfill Road
Taylorsville, NC 28681

Misty Laws

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 39 cu.yd. self-contained trash compactor picked up 1 time per/week (Closed Custody Unit)

Container No. 2: 8 cu.yd. trash – picked up 3 times per week (Minimum Custody Unit)

Container No. 3: 4 cu.yd. trash – picked up 1 time a week (Lift Station)

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Avery/Mitchell Correctional Institution

Phone 828-765-0229

Address: P.O. Box 608
600 Amity Park Road
Spruce Pine, NC 28777

Caroline Buchanan

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (1) 35 cu.yd. self-contained trash compactor picked up 2 time per/week

Container No. 2: (2) 8 cu.yd. cardboard container – picked up 1 time a week

Container No. 3: (1) 8 cu.yd. trash - picked up 1 time a week

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor \$..... per ton

Hauling fee for roll off container/compactor \$..... per haul

Additional pickup for 8 cubic yard trash container \$..... per pickup

Additional haul for roll off container/compactor \$..... per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Bertie Correctional Institution

Address: 218 Cooper Hill Road
Windsor, NC 27983

Phone No. 252-794-8611
Nina Griswell

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 40 cu.yd. container for trash, picked up 2 times per week
- Container No. 2: 40 cu.yd. container for cardboard, on call basis
- Container No. 3: 2 cu.yd. outside perimeter trash, 1 time per week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Black Mountain Substance Abuse Center for Women

Address: 1449 North Fork Road
Black Mountain, NC 28711

Phone No. 828-669-4174 ext 201
Teffany Edwards

Number of containers at unit: 2
(bear-proof)

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. bear proof container for trash, picked up 1 time per week
Container No. 2: 8 cu.yd. recycle container, picked up 1 time per week
Container No. 3:

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Additional pickup for 8 cubic yard trash container \$..... per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Broughton Laundry**

Phone 828-438-5571

Address: NC Correction Enterprise
1000 South Sterling Street
Morganton, NC 28655

Michael Detter

Number of containers at unit: 1
Rental

Container

Status:

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 10 cu.yd. container for trash picked up 3 times a week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Buncombe CRV

Phone 828-259-6004

Address: 741 Old Hwy 70
Black Mountain, NC 28711

Mary Herila

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. container for trash picked up 2 times per week
Container No. 2: 8 cu. yd. cardboard container picked up 1 time per week
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Burke CRV**

Phone 828-433-4036

Address: 5761 Western Avenue
Morganton, NC 28655

Julia Tallent

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. container for trash picked up 3 times per week
Container No. 2: 8 cu. yd. cardboard container picked up 1 time per month
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Caldwell Correctional Center**

Phone 828-726-2509

Address: 480 Pleasant Hill Road
Lenoir, NC 28638

Amy Cook

Number of containers at unit: 9

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cu.yd. containers for trash picked up 3 times per week

Container No. 2: 6 cu.yd, cardboard container picked up 2 times per week

Container No. 3 (6) Two wheel 90 – 110 gallon recycle containers picked 2 times per month

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 and 6 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Caledonia Correctional Institution (Medium) Phone 252-826-5621 ext. 715
Address: 2787 Caledonia Drive Stephanie Newton
Tillery, NC 27887

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 40 cu yd. trash compactor – 1 time per week
Container No. 2: (3) 8 cu yd trash containers, 2 times per week
Container No. 3:

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor \$..... per ton

Hauling fee for roll off container/compactor \$..... per haul

Additional pickup for 8 cubic yard trash container \$..... per pickup

Additional haul for roll off container/compactor \$..... per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Caledonia Correctional Institution (Minimum)

Phone 252-826-5621 ext. 715

Address: 1984 Caledonia Drive
Tillery, NC 27887

Stephanie Newton

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 40 cu yd. trash compactor – 1 time per week

Container No. 2: 30 cu yd trash/cardboard container, 2 times per week

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Carteret Correctional Center 4110**

Phone 252-223-5100

Address: 1084 Orange Street
Newport, NC 28570

Charles Hatcher

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cu. yd. container for trash picked up 2 times per week

Container No. 2: 8 cu. yd. cardboard container picked up 1 time per week

Container No. 3: 30 cu yd compactor for comingled picked up on call

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Caswell Correctional Center 4415

Phone 336-694-4531

Address: 444 County Home Road
Blanch, NC 27212

Mark Carver

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (1) 8 cubic yard container for trash picked up 3 times per week
Container No. 2: 20 cubic yard metal recycling container, picked up on call basis
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Catawba Correctional Center 4555

Phone 828-466-5521

Address: 1347 Prison Camp Road (Off Hwy 321)
Newton, NC 28658

Angela Griffin

Number of containers at unit: 10

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 8 cubic yard container for trash picked up 3 times per week
- Container No. 2: 8 cubic yard cardboard container picked up 1 time per week
- Container No. 3: (8) 95 Gallon Carts for recycling picked up 1 time per week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Central Pharmacy 3246

Phone 919-367-7050

Address: 2211 Schieffelin Road
Apex, NC 27502

Tiffany O'Neal

Number of containers at unit: 6

Container Status: Rental

- Container No. 1: 8 cu yd trash containers picked up 2 times per week
- Container No. 3: 8 cu yd cardboard container picked up 2 times per week
- Container No. 4: (3) 64 gallon HIPAA shred containers picked up 2 times per month
- Container No. 5: Mini console HIPAA shred every picked 2 times per month

COST INFORMATION:

Container No.1 \$_____ per mo. Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo. Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo. Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo. Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Central Prison 3100

Phone 919-743-4104

Address: 1300 Western Blvd.
Raleigh, NC 27606

Ann Harper

Number of containers at unit: 7

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: (1) 35 cu. yd. compactors picked up 1 time per week
- Container No. 2: (1) 35 cu. yd. compactors picked up 2 times per week
- Container No. 3: (2) 30 cu.yd. cardboard open top containers picked up 1 time per week
- Container No. 4: (1) 30 cu.yd. plastics & paper containers picked up 2 times per month
- Container No. 5: (1) 30 cu yd open top construction container picked up on call basis
- Container No. 6: (1) 20 cu yd open top clothing container picked up 1 time per week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Central Prison Hospital

Phone 919-743-2394

Address: 1300 Western Blvd. Raleigh, NC 27606

Nerrissa Keele

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 35 cu. yd. compactors picked up 1 time per week

Container No. 2: 30 cu. yd. plastics & cardboard open top container picked up 1 time per week

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor \$..... per ton

Hauling fee for roll off container/compactor \$..... per haul

Additional pickup for 8 (or other) cubic yard trash container \$..... per pickup

Additional haul for roll off container/compactor \$..... per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Central Supply Whs 1116

Phone 919-662-4367 ext. 222

Address: 200 Leagan Dr.
Raleigh, NC 27603

Rita Spivey

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (3) 8 cu yd trash containers picked up 1 time per week
Container No. 3: 96 gallon cart picked up 1 time per week
Container No. 4:

COST INFORMATION:

Container No.1 ... \$_____ per mo.
Container No. 2 ... \$_____ per mo.
Container No.3 ... \$_____ per mo.
Container No.4 ... \$_____ per mo.
Container No. 5 ... \$_____ per mo.
Container No. 6 ... \$_____ per mo.
Container No. 7 ... \$_____ per mo.
Container No. 8 ... \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton
Hauling fee for roll off container/compactor \$_____ per haul
Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup
Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Chase Laundry 8255
201 Stevens Mill Road
Goldsboro, NC 27530

Phone 919-581-1037
Pat Jackson

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. front load w/lock bar for trash picked up 2 times per week
Container No. 2: 4 cu. yd. front load w/lock bar for cardboard picked up every 2 weeks
Container No. 3:

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Additional pickup for 8 (or other) cubic yard trash container \$..... per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Columbus Correctional Institution 4355

Phone 910-642-3285

Address: 1255 Prison Camp Road
Brunswick, NC 28424

Donald Nealy

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 32 cubic yard roll off, picked up bi-weekly
Container No. 2:

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor

\$..... per ton

Hauling fee for roll off container/compactor

\$..... per haul

Additional haul for roll off container/compactor

\$..... per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Columbus Sewing Plant 5644

Phone 910-914-4182

Address 1201 Prison Camp Road
Whiteville, NC 28472

Cecil Norris

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. container picked up 2 times per week

Container No. 2:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Craggy Correctional Center/Buncombe CC

Phone 828-645-5315

Address: 2992 Riverside Drive
Asheville, NC 28804

Marty Galloway

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (3) 8 cubic yard container for trash picked up 3 times per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Additional pickup for 8 cubic yard trash container \$..... per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Craggy Laundry 5715

Phone 828-232-2425

Address: 1405 Riverside Drive
Asheville, NC 28804

Travis Plemmons

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cubic yard container for trash picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Craven Correctional Center 3085

Phone 252-244-8021

Address: 600 Alligator Road
Vanceboro, NC 28586

Sandra Taylor

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 34 cu. yd. compactor for trash picked 1 time per week
- Container No. 2: 40 cu. yd. roll off picked up every 3 months on call basis
- Container No. 3: 20 cu. yd. comingle, picked up 1 time per month
- Container No. 4: 8 cu. yd. cardboard container, picked up 1 time per week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Dan River Prison Work Farm 3080

Phone 336-694-1583

Address: 981 Murray Road
Blanch, NC 27212

Robin Wood

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 40 cu. yd. compactor for trash picked up bi- weekly

Container No. 2: 30 cu. yd. open top recycling paper & plastics container picked up 1 time per month

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Dan River Prison Work Farm Satellite Training Center Phone 336-694-1583

Address: 614 Leasburg Road
Roxboro, NC 27573

Robin Wood

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 1 time per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Dart-Cherry Program 1061**

Phone 919-731-7930

Address: 1302 West Ashe Street
Goldsboro, NC 27530

Clarissa Jacobs

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cu. yd. container for trash picked up 3 times per week
Container No. 2: 8 cu. yd. cardboard container picked up 2 times per week
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Davidson Correctional Center 4420

Phone 336-249-7528

Address: 1400 Thomason Street
Lexington, NC 27293

Chris Kimbrough

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (3) 8 cu. yd. container for trash picked up 2 times per week

Container No. 2:

Container No. 3:

COST INFORMATION (Container Rental ONLY):

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Central Eng Construction and Major Maintenance

Phone 919-733-3649

Address: 1401 Hodges Street
Raleigh, NC 27604

Scott Smith

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. container for trash picked up 1 time per week

Container No. 2: 4 cu. yd. cardboard container picked up 2 times per month

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: *Duplicating Plant – Quick Copy 8130 NCCIW* Phone 919-733-7492

Address: 1150 Martin Luther King Blvd.
Raleigh, NC 27610

Lisa Bass

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. cardboard container picked up 3 times per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Eastern Correctional Institution 3400

Phone 252-747-8101

Address: 2821 Highway 903
Maury, NC 28554

Tammy Jones

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 40 cu. yd. compactor breaks away– picked up 2 times per week
- Container No. 2: 40 cu. yd. open top dumpster, picked up monthly
- Container No. 3: 8 cu. yd. container w/ lock bar for cardboard, pickup 2 times per week
- Container No. 4: 30 cu. yd. recyclables container, picked up monthly on call basis

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Southcentral Regional Maintenance Branch 2084/3284 Phone 910-596-4131
Address: 704 Northwest Blvd. Genevieve Carlton
Clinton, NC 28328

Number of containers at unit: 1 Container Status:
Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-PICKUPS PER MONTH:

Container No. 1: 8 cubic yard container for trash picked up 1 time per week
Container No. 2:
Container No. 3:

COST INFORMATION:

Container No.1 \$..... per mo. Container No. 5 \$..... per mo.
Container No.2 \$..... per mo. Container No. 6 \$..... per mo.
Container No.3 \$..... per mo. Container No. 7 \$..... per mo.
Container No.4 \$..... per mo. Container No. 8 \$..... per mo.

Additional pickup for 8 (or other) cubic yard trash container \$..... per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Eastern Regional Office # 1033

Phone 252-830-3466

Address: 401 W. Belvoir Road
Greenville, NC 27834

Jackie Williams

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-PICKUPS PER MONTH:

Container No. 1: 4 cubic yard container for trash picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Enterprise Admin 8005

Phone 919-324-1311

Address: 225 US 70 West
Garner, NC 27529

George Skinner

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu yd trash container picked up EOW

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Enterprise Farm

Phone 252-826-3821

Address: 2576 Caledonia Drive
Tillery, NC 27887

Cheryl Ryder/David Inscoe

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. container for trash picked up 1 time per week

Container No. 2: 40 cu. yd. metal recycling container, picked up 1 time per month

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Enterprise Produce WHS 5830 & Enfield WHS# 5815 Phone 252-826-3821

Address: Produce: 2576 Caledonia Drive Tillery, NC 27887 Enfield Site: 1240 S Dennis Street Enfield, NC 27823

Tonya Mullaney

Number of containers at unit: 2 Rental

Container Status:

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cubic yard container for trash picked up 1 time per week (Tillery)
Container No. 2: 8 cubic yard container for trash picked up 1 time per month (Enfield)
Container No. 3:

COST INFORMATION:

Container No.1 ... \$_____ per mo. Container No. 5 ... \$_____ per mo.
Container No.2 ... \$_____ per mo. Container No. 6 ... \$_____ per mo.
Container No.3 ... \$_____ per mo. Container No. 7 ... \$_____ per mo.
Container No.4 ... \$_____ per mo. Container No. 8 ... \$_____ per mo.
Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Enterprise WHS 5601

Phone 919-387-1000

Address: 2301 Schleffelin Road
Apex, NC 27502

Donna Strickland

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container, picked up 1 time per week

Container No. 2: 96 gallon container comingle recycling picked up 2 times per month

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Foothills Correctional Institution 3720

Phone 828-438-5585 ext. 213

Address: 5150 Western Avenue
Morganton, NC 28655

Amy Stewart

Number of containers at unit: 22

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 30 cu. yd. compactor picked up 2 times per week
- Container No. 2: (2) 8 cu. yd. cardboard container picked up 1 time per week
- Container No. 3: (17) ea -96 gallon containers for recycling of paper - picked up 2 times per month
- Container No. 4: 30 cu. yd. container for plastic picked up 1 time per month
- Container No. 5: 30 cu. yd. container for Aluminum picked up 1 time per month

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Contact person at branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Foothills Correctional Institution 3720

Phone 828-438-5585 ext. 213

Address: 5156 Western Avenue (Minimum Security Unit) Morganton, NC 28655

Amy Stewart

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No.1: (2) 8 cubic yard trash container picked up 3 times per week
- Container No. 2: 8 cubic yard cardboard container picked up 1 time per week
- Container No. 3: 96 gal Container for Office Paper Recycling picked up 1 time per month
- Container No. 4:

COST INFORMATION:

Container No.1 \$..... per mo. Container No. 5 \$..... per mo.

Container No.2 \$..... per mo. Container No. 6 \$..... per mo.

Container No.3 \$..... per mo. Container No. 7 \$..... per mo.

Container No.4 \$..... per mo. Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor \$..... per ton

Hauling fee for roll off container/compactor \$..... per haul

Additional pickup for 8 (or other) cubic yard trash container \$..... per pickup

Additional haul for roll off container/compactor \$..... per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Forsyth Correctional Center 4430

Phone 336-896-7041

Address: 307 Craft Drive
Winston-Salem, NC 27106

Joy Brown

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cu. yd container for trash picked up 3 times per week

Container No. 2: 96 gallon recycling cart picked up EOW

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Forsyth Correctional Center 4430

Phone 336-386-8091

NOTE: Dobson Education Center

Joy Brown

Address: 1949 Prison Camp Rd.
Dobson, NC 27017

(For Dobson Educational Center)

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 8 cu. yd. container for trash picked up 1 time per week
- Container No. 2 96 gallon recycling cart to be picked up once per month
- Container No. 3
- Container No. 4:

COST INFORMATION:

Container No.1 \$_____ per mo.	Container No. 5 \$_____ per mo.
Container No.2 \$_____ per mo.	Container No. 6 \$_____ per
Container No.3 \$_____ per mo.	Container No. 7 \$_____ per mo.
Container No.4 \$_____ per mo.	Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Franklin Correctional Center 4215

Phone 919-496-6119

Address: 5918 Highway 39 South
Bunn, NC 27508

Tracy Murphy

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-PICKUPS PER MONTH:

- Container No. 1: 35 cu. yd. compactor picked up 1 time per week
- Container No. 2: (2) 8 cu. yd. cardboard container picked up 1 time per week
- Container No. 3: 8 cu. yd. trash container picked up 1 time per week
- Container No. 4: 4 cu. yd. aluminum/plastic bottles container picked up 1 time per week

COST INFORMATION:

Container No.1 \$_____ per mo.	Container No. 5 \$_____ per mo.
Container No.2 \$_____ per mo.	Container No. 6 \$_____ per mo.
Container No.3 \$_____ per mo.	Container No. 7 \$_____ per mo.
Container No.4 \$_____ per mo.	Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor	\$_____ per ton
Hauling fee for roll off container/compactor	\$_____ per haul
Additional pickup for 8 cubic yard trash container	\$_____ per pickup
Additional haul for roll off container/compactor	\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Gaston Correctional Center 4515**

Phone 704-922-3861

Address: 520 Justice Court
Dallas, NC 28034

Gail Jackson

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. container for trash picked up 3 times per week

Container No. 2: (2) 95 gallon carts for recycling picked up EOW

Container No. 3: 8 cu. yd. container for cardboard picked up 1 time per week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Greene Correctional Center 4140**

Phone 252-747-3676 ext.224

Address: 2699 Highway 903 North
Maury, NC 28554

Carol Stevens

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 34 cu. yd. compactor picked up- on call
- Container No. 2: 40 cu. yd. open top cardboard container – on call
- Container No. 3: 30 cu. yd. paper recycle container picked up 1 time per month
- Container No. 4: 30 cu. yd. roll off for recycling (metal/plastics) picked up every 2 weeks

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Harnett Correctional Institution 3805**

Phone 910-893-2751 ext. 211

Address: 1210 E. McNeil Street
Lillington, NC 27546

Barbara Jelinek

Number of containers at unit: 6

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (4) 8 cu. yd. container for trash picked up 2 times per week

Container No. 2: (1) 8 cu. yd. container for trash, cardboard, paper picked up 1 time per week

Container No. 3: (1) 4 cu. yd. container for trash picked up weekly (see note below)

NOTE: Container No. 3: 4 cu. yd. trash container located at Firing Range picked up weekly.

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Harnett Meat Plant
Address: 1204 E McNeill Street
Lillington, NC 27526

Phone 910-893-4499
Susan Powers

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 40 cubic yard compactor for trash picked up every 3 weeks
Container No. 2
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Hoke Correctional Institution 4320

Phone 910-565-1670

Address: 243 Old Highway 211 West
Raeford, NC 28376

Tammi Blake

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 30 cubic yard compactor for trash picked up 2 times per month
- Container No. 2: 30 cubic yard recycling container for metal picked up as needed
- Container No. 3: 53 FT trailer for cardboard, cans, and plastics recycling picked up as needed

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Hyde Correctional Insititute 4180

Phone 252-926-1810 ext. 2508

Address: 620 Prison Road
Fairfield, NC 27826

Rhonda Newman

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 34 cu. yd. compactor with dog box picked up 5 times per month (every 6 days)

Container No. 2: (2) 8 cu. yd. containers for trash picked up 5 times per month (every 6 days)

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Johnston Correctional Center 4230

Phone 919-934-8386 ext. 285

Address: 2465 US 70 West
Smithfield, NC 27577

Matthew Currin

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 35 cu. yd. compactor for trash picked up 2 times per week

Container No. 2: 8 cu. yd. cardboard container picked up 1 time per week

Container No. 3: 2 cu. yd. trash serviced by facility maintenance **NO** pick-up required

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Lanesboro Correctional Institution

Phone No. 704-695-1013

Address: 552 Prison Camp Road
248 Prison Camp Road
Hailey
Polkton, NC 28135

Christopher Smith/Sandra

Number of containers at unit: 9

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: (2) 34 cu.yd. trash compactor picked up 3 times a week
Container No. 2: (1) 34 cu.yd. trash compactor picked up on call basis
Container No. 3: (6) 8 cu.yd. cardboard containers (rental only) no pickups required

COST INFORMATION:

Container No.1 ... \$_____ per mo.
Container No.2 ... \$_____ per mo.
Container No.3 ... \$_____ per mo.
Container No.4 ... \$_____ per mo.
Landfill fee for roll off container/compactor \$_____ per ton
Hauling fee for roll off container/compactor \$_____ per haul
Additional haul for roll off container/compactor \$_____ per haul
Container No. 5 ... \$_____ per mo.
Container No. 6 ... \$_____ per mo.
Container No. 7 ... \$_____ per mo.
Container No. 8 ... \$_____ per mo.

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Lincoln Correctional Center 4525

Phone 704-735-0485

Address: 464 Roper Drive
Lincolnton, NC 28092

John Daugherty

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cubic yard container for trash picked up 3 times per week

Container No. 2:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Lincoln Correctional Center

Phone 704-480-5428

Address: 260 Kemper Road
Shelby, NC 28150

Alfreda King

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 40 cubic yard container for trash picked up 1 time per week

Container No. 2:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Lumberton Correctional Institution 4365**

Phone 910-272-7510

Address: 75 Legend Road
Lumberton, NC 28358

Lisa Williamson

Number of containers at unit: 1

Container Status: **STATE OWNED**

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 40-cu yd compactor (see note below) picked up 2 times per month

Container No. 2:

Container No. 3:

NOTE: Vendors are to bid on hauling and landfill fees ONLY for DPS-owned 40 cubic yard compactor.

COST INFORMATION: (hauling/disposal only)

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Marion Correctional Institution 3730

Phone 828-659-8746

Address: 355Old Glenwood Road (off 226 South)
Marion, NC 28752

Kathy Feickert

Number of containers at unit: 5

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 30 cu. yd. compactor picked up 1 time per week
Container No. 2: (1) 8 cu. yd. container for trash picked up 1 time per week
Container No. 3: (3) 8 cu. yd. cardboard container picked up 1 time per week
Container No. 4:

COST INFORMATION:

Container No.1 \$..... per mo.
Container No.2 \$..... per mo.
Container No.3 \$..... per mo.
Container No.4 \$..... per mo.
Container No. 5 \$..... per mo.
Container No. 6 \$..... per mo.
Container No. 7 \$..... per mo.
Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor \$..... per ton
Hauling fee for roll off container/compactor \$..... per haul
Additional pickup for 8 cubic yard trash container \$..... per pickup
Additional haul for roll off container/compactor \$..... per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Metal LicenseTag Plant NCCIW # 5605

Phone 919-733-0867

Address 1150 Martin Luther King Blvd.
Raleigh, NC 27610

Lisa Smith

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 40 cu. yd. self-contained compactor for trash - picked up On Call 1-2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Morrison Institution 3930

Phone 910-281-3161 ext. 275

Address: 1573 McDonald Church Road
Hoffman, NC 28347

Hampton (Roy) Martin

Number of containers at unit: 10

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: (5) 8 cu. yd. container for trash picked up 2 times per week
- Container No. 2: 40 cu. yd. compactor for trash (kitchen) picked up 1 time per week
- Container No. 3: 45 Foot enclosed tractor trailer for cardboard recycling picked up as needed-on call basis
- Container No. 4: 45 Foot enclosed tractor trailer for plastic recycling picked up as needed-on call basis
- Container No. 5: Trailer for can recycling picked up as needed-on call basis
- Container No. 6: 40 cu.yd. scrap metal container picked up as needed-on call basis

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Mt. View Correctional Institution 4855

Phone 828 766-2555

Address: 545 Amity Park Road
Spruce Pine, NC 28777

Mark Freeman

Number of containers at unit: 4
Haul/Disposal ONLY

Container Status: Rental/DPS-Owned -

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cu. yd. cardboard container picked up 1 time a week (Wednesday)

Container No. 2: 4 cu. yd. trash container picked up 1 time per week (Liftstation)

Container No. 3: 35 cu. yd. trash compactor (DPS-Owned) Hauling/Disposal ONLY (see note below)

NOTE: 35 cu.yd. compactor, DPS-Owned - haul & landfill fees ONLY. – pick up 1 time per week on Tuesday

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor \$..... per ton

Hauling fee for roll off container/compactor \$..... per haul

Additional pickup for 8 cubic yard trash container \$..... per pickup

Additional haul for roll off container/compactor \$..... per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Nash Correctional Institution 3710

Phone 252-462-4200

Address: 2869 US Hwy 64
Nashville, NC 27856

Jeff Perry

Number of containers at unit: 5

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 30 cu. yd. compactor for trash picked up – 2 times per week
- Container No. 2: 30 cu. yd. cardboard container picked up – 1 time per week
- Container No. 3: 8 cu. yd. front load w/locking bar for trash – picked up – 1 time per week
- Container No. 4: 30 cu. yd. recycle container picked up on call once per month
- Container No. 5: 30 cu. yd. trash container picked up on call

SEE NOTE ON SPECIAL PICK UP TIMES

The important note is that containers must always be picked-up by 6:30 am. Monday – Friday. This is before inmates come to the plant. Once inmates come over to the plant no containers can be removed. Another note is that there is a staging area that containers can be removed to outside the fence and then taken away later to empty. Containers can be returned into the facility when they are empty. The compactor must be covered and have a lock to secure when not in use.

COST INFORMATION:

Container No.1 \$_____ per mo.	Container No. 5 \$_____ per mo.
Container No.2 \$_____ per mo.	Container No. 6 \$_____ per mo.
Container No.3 \$_____ per mo.	Container No. 7 \$_____ per mo.
Container No.4 \$_____ per mo.	Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor	\$_____ per ton
Hauling fee for roll off container/compactor	\$_____ per haul
Additional haul for roll off container/compactor	\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Nash Optical Plant 8180**

Phone 252-462-6200

Address: 2869 Hwy 64-A
Nashville, NC 27856

Jeff Perry

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cubic yard container for trash picked up 2 times per week
Container No. 2:
Container No. 3:

SEE NOTE ON SPECIAL PICK UP TIMES:

The important note is that containers must always be picked-up by 6:30 am. Monday – Friday. This is before inmates come to the plant. Once inmates come over to the plant no containers can be removed. Another note is that there is a staging area that containers can be removed to outside the fence and then taken away later to empty. Containers can be returned into the facility when they are empty. The compactor must be covered and have a lock to secure when not in use.

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Nash Print Plant 8115**

Phone 252-462-4200

Address: 2869 US Hwy. 64-A
Nashville, NC 27856

Jeff Perry

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 30 cu yd compactor break away for trash picked up - On Call basis
- Container No. 2: 40 cu yd metal recycling container picked up – On Call basis
- Container No. 3: 30 cu. yd. self contained compactor for recyclable paper picked up - On Call basis
- Container No. 4: 8 cu yd trash picked up two times per week

SEE NOTE ON SPECIAL PICK UP TIMES

The important note is that containers must always be picked-up by 6:30 am. Monday – Friday. This is before inmates come to the plant. Once inmates come over to the plant no containers can be removed.

Another note is that there is a staging area that containers can be removed to outside the fence and then taken away later to empty. Containers can be returned into the facility when they are empty. The compactor must be covered and have a lock to secure when not in use.

COST INFORMATION:

Container No.1 \$_____ per mo.	Container No. 5 \$_____ per mo.
Container No.2 \$_____ per mo.	Container No. 6 \$_____ per mo.
Container No.3 \$_____ per mo.	Container No. 7 \$_____ per mo.
Container No.4 \$_____ per mo.	Container No. 8 \$_____ per mo.
Landfill fee for roll off container/compactor	\$_____ per ton
Hauling fee for roll off container/compactor	\$_____ per haul
Additional haul for roll off container/compactor	\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
 Ph 919-324-6449
 E-mail traci.faircloth@ncdps.gov

Unit Name: NCCIW 3010

Phone 919-508-1416

Address: 1034 Bragg Street
Raleigh, NC 27699

Sharmila Logendran

Number of containers at unit: 6

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 35 cu. yd. compactor w/dog house –picked up 3 times per week (Mon, Wed & Friday) (kitchen)

Container No. 2: 35 cu. yd. compactor w/dog house - picked up 3 times per week (Mon, Wed & Friday) (Tower 4)

Container No. 3: 40 cu.yd. compactor recycling – picked up 1 time per week

Container No. 4: (1) 8 cubic yard recycling container – picked up 2 times per week (Tower 4)

Container No. 5: 8 cubic yard recycling container – picked up 4 times per week (Kitchen)

Container No. 6: (34) 96 Gal recycling carts (RENTAL ONLY)

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: NCCIW

Phone 919-508-1416

Address: 1201 S. State Street
Raleigh, NC 27610

Sharmila Logendran

Number of containers at unit: 7

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cubic yard trash compactor – picked up 4 times per week

Container No. 2: 8 cubic yard cardboard recycling container – picked up 2 times per week

Container No. 3: (4) 96 gal co-mingle recycling carts – picked up 2 times per month

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Neuse Correctional Institution 3060

Phone 919-581-1235

Address: 701 Stevens Mill Road
Goldsboro, NC 27530

Felicia Watson

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 35 cu. yd. compactor for trash picked – 1 time per week

Container No. 2: 40 cu. yd. cardboard container - On Call

Container No. 3: 30 cu. yd. container for aluminum cans (baffled) On Call

Container No. 4: 30 cu. yd. container for recycled paper - On Call

Container No. 4: 8 cu. yd. container for recycled cardboard – 1 time per week

Container No. 4: 8 cu. yd. container for trash – 1 time per week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **New Hanover Correctional Center**

Phone 910-251-2666

Address: 330 Division Drive
Wilmington, NC 28401

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 30 cu. yd. self-contained container for trash picked up 1 time per week
- Container No. 2: 30 cu. yd. self-contained container for trash picked up on call basis
- Container No. 3: 30 cu. yd. recycling container for metal picked up on call basis
- Container No. 4: 40 cu. yd. recycling container for cardboard picked up 1 time per week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Odom Correctional Center 3310

Phone 252-574-2351

Address: 485 Odom Prison Drive
Jackson, NC 27845

Jeremy Phelps

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 30 cu. yd. compactor for trash picked up 1 time per week

Container No. 2: 30 cu. yd. recycle container picked up on call app. Once per quarter

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Orange Correctional 4240

Phone 919-732-9301

Address: 2110 Clarence Walters Road
Hillsborough, NC 27278

Laquinta Downey

Number of containers at unit: 10

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cu. yd. trash containers picked 2 times per week

Container No. 2: 8 cu. yd. cardboard container picked up 1 time per week

Container No. 3 (2) 8 cu. yd. trash containers "REMOVAL ONLY NOT RENTAL" 2 TIMES PER WEEK

Container No. 3 (5) 98 gal recycle carts

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor

\$..... per ton

Hauling fee for roll off container/compactor

\$..... per haul

Additional haul for roll off container/compactor

\$..... per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Office of Staff Development and Training (OSDT) Phone 919-589-5424

Address: 2211 Schiefflein Road
Apex, NC 27502

Karen Pogmore

Number of containers at unit: 5

Container Status: Rental

Container No. 1: (5) 96 gallon carts for recycling comingled picked up 1 time per week

Container No. 3:

Container No. 4:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Pamlico Correctional Institution 4850

Phone 252-745-3074 ext. 5702

Address: 601 N. Third Street
Bayboro, NC 28515

Vicki Courtney

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 35 cu. yd. trash compactor picked up 1 time per week
- Container No. 2: 8 cu. yd. trash picked up 2 time per month
- Container No. 3: 30 cu. yd. container for metal picked up on call basis
- Container No. 3: 30 cu. yd. container for plastics picked up 1 time per week

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor

\$..... per ton

Hauling fee for roll off container/compactor

\$..... per haul

Additional haul for roll off container/compactor

\$..... per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Pasquotank Correctional Center 3740

Phone 252-384-7850

Address: 527 Commerce Drive
Elizabeth City, NC 27906

Mike Cuthrell

Number of containers at unit: 6

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 40 cu. yd. compactor with dog box picked up 2 times per week
- Container No. 2: 8 cu. yd. trash container picked up 3 times per week
- Container No. 3: (3) 8 cu. yd. cardboard containers picked up 3 times per week
- Container No. 4: 30 cu. yd. roll off recycle container picked up 1 time per month

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Pender Correctional Institution 4150

Phone 910-663-3012

Address: 906 Penderiea Hwy
Burgaw, NC 28425

Judy Powell

Number of containers at unit: 5

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 35 cu. yd. self contained compactor for trash picked up 1 time per week
- Container No. 2: 8 cu. yd. front load for trash picked up 2 times per month
- Container No. 3: 40 cu. yd. roll off covered box for trash picked up on call
- Container No. 4: 30 cu. yd. metal container picked up on call
- Container No. 5: 30 cu. yd. aluminum container picked up on call

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Piedmont Correctional Institution 3500

Phone 704-797-4378

Address: 1245 Camp Road MEDIUM UNIT
Salisbury, NC 28147

Debbie Kimball

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 40 cubic yard compactor picked up 1 time per month
Container No. 2: 8 cubic yard container for trash picked up 3 times per week
Container No. 3:

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor

\$..... per ton

Hauling fee for roll off container/compactor

\$..... per haul

Additional haul for roll off container/compactor

\$..... per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Piedmont Correctional # 3500

Phone 704-797-4378

Address: Highway 29
Salisbury, NC 28144

MINIMUM UNIT

Debbie Kimball

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cubic yard container for trash picked up 3 times per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: *Southcentral Maintenance Yard*

Phone 336-629-0731

Address: 2758 US Highway 220 Business South
Asheboro, NC 27204

April Gruca

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cubic yard container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Contact person at branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Polk Correctional Institution 3980

Phone 919-764-8514

Address: 1001 Veazey Road
Butner, NC 27509

Connie Bray

Number of containers at unit: 6

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: (2) 8 cu. yd. container for cardboard picked up 1 time per week
- Container No. 2: 30 cu. yd. open top aluminum recycling container picked up every two weeks
- Container No. 3: 35 cu. yd. self contained compactor with dog house picked up 3 times per week
- Container No. 4: 30 cu. yd. open top scrap metal container picked up on call basis
- Container No. 5: 30 cu. yd. container for trash picked up on call basis

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: DOP Administration (Randall Building)

Phone 984-255-6005

Address: 831 W. Morgan Street
Raleigh, NC 27603

Esther Person

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. container for trash picked up 5 times per week

Container No. 2: 8 cu. yd. container for cardboard picked up 2 times per week

Container No. 3:

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Additional pickup for 8 cubic yard trash container

\$..... per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Randolph Correctional Center 4445

Phone 336-625-2578

Address: 2760 US Hwy 220, Business South
Asheboro, NC 27205

Sgt. Michael Moyer

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 40 cu. yd. container for trash picked up 2 times per week

Container No. 2: 40 cu. yd. cardboard container picked up 2 time per month

Container No. 3:

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Additional pickup for 8 cubic yard trash container

\$..... per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Robeson CRV

Phone 910-618-5535 ext. 312

Address: 803 Hwy 711
Lumberton, NC 28360

Adrienne Barnes

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 30 cu. yd. container for trash picked up 1 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Rutherford Correctional Center 4655

Phone 828-286-4121

Brandy Blanton

Address: 549 Ledbetter Road
Spindale, NC 28160-2098

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cubic yard container for trash picked up 3 times per week

Container No. 2: 8 cubic yard cardboard container picked up 1 time per week

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Sampson Correctional Institution 4345

Phone 910-592-2151

Address: 700 Northwest Blvd.
Highway 421
Clinton, NC 28328

Robert Van Gorder

Number of containers at unit: 5

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 40 cu. yd. self-contained compactor for trash, picked up 1 time per week
- Container No. 2: 40 cu. yd. Recycling container comingle picked up on call basis
- Container No. 3: 30 cu. yd. Recycling container for metal picked up on call basis
- Container No. 4: (2) 8 cu. yd. Recycling containers for cardboard picked up 1 time per month

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Sandy Ridge Bus Terminal**

Phone 910-709-4541

Address: 4711 Sandy Camp Road
High Point, NC 27269

Dave Dixon

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cubic yard container for trash picked up 1 time per month

Container No. 2

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Sanford Correctional Center 4360

Phone 919-776-4325 ext. 214

Address:

Dianna Trogdon

417 Advancement Center Road
Sanford, NC 27330

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (3) 8 cubic yard container for trash picked up 3 times per week

Container No. 2

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Scotland Correctional Institutiion 4860

Phone 910-844-4504

Deborah Wright

Address: 22385 McGirts Bridge Road
Laurinburg, NC 28352

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 30 cu. yd. trash Compactor for close unit-pick-up 2 time per week

Container No. 2: 30 cu. yd. trash Compactor for minimum unit-pick-up EOW on Wednesday

Container No. 3: (2) 8 cu. yd. trash containers picked up EOW

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Sign Plant 8120

Phone 919-496-3095

Address: 6008 NC Hwy 39 South
Bunn, NC 27508

Amy Pendleton/Lee Blackmon

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 40 cu. yd. container for trash picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor

\$..... per ton

Hauling fee for roll off container/compactor

\$..... per haul

Additional haul for roll off container/compactor

\$..... per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Sign Reclaiming Plant 8124

Phone 910-947-2316

Address: 981 Priest Hill Road
Carthage, NC 28327

Don Elam

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cubic yard container for trash picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: *South Central Regional Maintenance Yard*
2758 US HWY 220 Bus S
Asheboro, NC 27204

Phone 336-629-0731
Paulette Davis

Number of containers at unit: 1

Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cubic yard container for trash picked up 1 time per week.

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Contact person at branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

704 NW Boulevard
Clinton, NC 28328

Paulette Davis

Number of containers at unit: 1

Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cubic yard container for trash picked up 1 time per week.

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Contact person at branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Raeford, NC 28376

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cubic yard container for trash picked up 1 time per week.

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Address:

272 East Glen Road
Troy, NC 27371

David Richardson

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 30 cu. yd. trash compactor picked up 2 times per week

Container No. 2: 30 cu. yd. trash compactor picked up 1 times per week

Container No. 3: 4 cu. yd. trash container picked up 1 time per month

NOTE: 1-compactor located at Maximum Security Prison, 1-compactor located at Minimum Security Prison.

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Black Mountain, NC 28711

Number of containers at unit: 6

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (4) 8 cubic yard container for trash picked up 2 times per week.

Container No. 2: 8 cubic yard cardboard container picked up 2 time per week

Container No. 3: 6 cubic yard recycling container picked up 2 times per week

Container No. 4:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Address: 4600 Swamp Fox Hwy W
Tabor City, NC 28463

Chris Soles

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 34 cu. yd. container for trash picked up 1 time per week

Container No. 2: 141 cu. yd. cardboard, paper, plastic recycle container picked up on call basis

Container No. 3: 8 cu. yd. container for trash picked up 3 times per week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Address: 620 Snell Road
Columbia, NC 27925

Clara Gilliam

Number of containers at unit: 4

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 34 cu. yd. compactor for trash picked up 2 times per month
- Container No. 2: 8 cu. yd. trash front load container picked up 1 time per week
- Container No. 3: 30 cu. yd. roll off container for cans – on call
- Container No. 4: 6 cu.yd. vertical cardboard baler picked up on call

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Address: 1000 Rock Quarry Road
Raleigh, NC 27610

Jimmie Thompson

Number of containers at unit: 10

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. cardboard container picked up 1 time per week

Container No. 2: 40 cu. yd. self-contained compactor for trash with pickup 1 time per week

Container No. 3: (8) 96 gallon recycling carts for comingled picked up 1 time per week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Address: 1401 Hodges Street
Raines
Raleigh, NC 27604

Vicky Murray / Jimmy

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cubic yard container for trash picked up 1 time per week
Container No. 2: 4 cubic yard container for cardboard picked up bi-weekly.
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional pickup for 8 cubic yard trash container

\$_____ per pickup

Additional haul for roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Address: 379 Collins Road
Manson, NC 27553

Connie Terry

Number of containers at unit: 9

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

- Container No. 1: 30 cu. yd. compactor picked up 1 time per week
- Container No. 2: 8 cu. yd. container for trash picked up 1 time per week
- Container No. 3: 20 cu. yd. containers for trash picked up one time per week
- Container No. 4: (4) 8 cu. yd. containers for cardboard picked up one time per week.
- Container No. 5: (2) 96 gallon roll out for comingle recycle picked up one time per week

COST INFORMATION:

Container No.1 \$_____ per mo.	Container No. 5 \$_____ per mo.
Container No.2 \$_____ per mo.	Container No. 6 \$_____ per mo.
Container No.3 \$_____ per mo.	Container No. 7 \$_____ per mo.
Container No.4 \$_____ per mo.	Container No. 8 \$_____ per mo.
Landfill fee for roll off container/compactor	\$_____ per ton
Hauling fee for roll off container/compactor	\$_____ per haul
Additional pickup for 8 cubic yard trash container	\$_____ per pickup
Additional haul for roll off container/compactor	\$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Address: 231 Soul City Blvd.
Norlina, NC 27563

Charles Faires

Number of containers at unit: 6

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cu. yd. containers for trash picked up 1 time per week

Container No. 2: (2) 8 cu. yd. container for cardboard picked up bi-weekly

Container No. 3: (1) 8 cu. yd container for plastics container recycling picked up 1 time per week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Address: 3205 Friendly Park Road
Lenoir, NC 28645

Kimberly Culler

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 30 cubic yard container for trash picked up: On Call
Container No. 2: 8 cubic yard container for trash picked up 1 time per month.
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Address: 404 Statesville Road
North Wilkesboro, NC 28659

Wendy Johnson

Number of containers at unit: 6

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (4) 4 cubic yard containers for trash picked up 2 times per week

Container No. 2: (2) 4 cubic yard containers for cardboard picked up 2 times per week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

NATIONAL GUARD

Unit Name: Albemarle R. C.

Phone 984-661-0047

Address: 120 College Dr.
Albemarle, NC 28001

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. Trash Container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$ _____ . _____ per mo.

Container No. 5 \$ _____ . _____ per mo.

Container No.2 \$ _____ . _____ per mo.

Container No. 6 \$ _____ . _____ per mo.

Container No.3 \$ _____ . _____ per mo.

Container No. 7 \$ _____ . _____ per mo.

Container No.4 \$ _____ . _____ per mo.

Container No. 8 \$ _____ . _____ per mo.

Landfill fee for roll off container/compactor

\$ _____ . _____ per ton

Hauling fee for roll off container/compactor

\$ _____ . _____ per haul

Additional haul roll off container/compactor

\$ _____ . _____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Asheboro R. C.

Phone 336-685-3064 ext 10091

Address: 1430 S. Fayetteville Street
Asheboro, NC 27205

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Asheville R.C.

Phone 984-661-4329

Address: 100 Minuteman Drive
Asheville, NC 28806

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Belmont R.C.

Phone 704-825-8751-10123

Address: 300 N. Sixth Street
Belmont, NC 28012

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Benson R.C.**

Phone 984-661-0161

Address: 320 East Mann Street
Benson, NC 27504

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Burlington R.C.

Phone 336-227-7859 ext 10282

Address: 1935 N Church Street
Burlington, NC 27515

Supply SGT

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month
Container No. 2: 6 cu. yd. trash container picked up 2 times per month
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Butner FMS**

Phone 919-575-5173

Address: 105 Central Ave
Butner, NC 27509

Shop Chief

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2: 8 cu. yd. recycling container picked up 2 times per month

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Butner R.C.**

Phone 919-575-5173

Address: 105 Central Ave
Butner, NC 27509

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Camp Butner T.S.

Phone 919-620-5400-Ext 17330

Address: 539 Roberts Chapel Road
Stem, NC 27581

Operations Manager

Number of containers at unit: 5

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (5) 6 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Charlotte FMS

Phone No. 704-344-2352 ext 14556

Address: 4140 West Blvd
Charlotte, NC 28208

Shop Chief

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu.yd. trash container picked up 1 time per week

Container No. 2: 6 cu.yd. cardboard container picked up 1 time per week

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Charlotte RC

Phone No. 704-344-2352

Address: 4240 West Blvd
Charlotte, NC 28208

Supply Sergeant

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cu.yd. trash container picked up 1 time per week
Container No. 2: 6 cu.yd. trash container picked up 1 time per week
Container No. 3: 6 cu. yd. recycle container picked up 1 time per week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Concord R.C.**

Phone No. 704-786-0123 ext 10443

Address: 1501 Old Charlotte Road
Concord, NC 28027

Supply SGT

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cu.yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Dunn R.C.**

Phone 910-892-3309 x 10481

Address: 901 Susan Tart Road
Dunn, NC 28334

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Durham R.C.

Phone No. 984-661-0533

Address: 801 Stadium Drive
Durham, NC 27704

Supply SGT

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash container picked up 1 time per week
Container No. 2: 8 cu.yd. recycle container picked up 2 times per month
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: E. Flat Rock R.C.

Phone No. 984-661-0561

Address: 2025 Spartanburg Hwy
E.Flat Rock, NC 28726

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Edenton R.C.

Phone 252-482-2521-10601

Address: 739 Soundside Road
Edenton, NC 27932

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Elizabeth City R.C.

Phone 984-661-0641

Address: 600 Westover Street
Elizabeth City, NC 27909

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Elkin R.C.

Phone No. 984-661-0721

Address: 1775 North Bridge Street
Elkin, NC 28621

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu.yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Farmville R.C.

Phone 984-661-0800

Address: 4370 W. Horne Ave.
Farmville, NC 27828

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Fayetteville R.C.

Phone 910-484-5205

Address: 3555 Owens Drive
Fayetteville, NC 28306

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 time per week

Container No. 2: 6 cu. yd. trash container picked up 1 time per week

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Forest City R. C.

Phone 828-287-0669

Address: 890 Withrow Road
Forest City, NC 28043

Supply

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Fort Fisher T.S.

Phone 910-251-7300 ext 16001

Address: 116 Air Force Way
Kure Beach, NC 28449

Operations, Supply Sgt

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cu.yd. trash container picked up 1 time per week
Container No. 2: 8 cu.yd. trash container picked up 1 time per week
Container No. 3: 25 cu. yd. trash container picked up – on call basis

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Franklin R.C.

Phone No. 984-661-0881

Address: 106 Industrial Park
Franklin, NC 28734

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu.yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Fremont R.C.

Phone No. 984-661-0802

Address: 101 Pipkin Street
Fremont, NC 27830

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Gastonia R.C.**

Phone 704-866-0140 ext11084

Address: 2100 Robin Wood Road
Gastonia, NC 28054

Supply SGT

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 1 time per week
Container No. 2: 8 cu. yd. recycle container picked up 2 times per month
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Goldsboro R.C.**

Phone 919-731-2021 ext 15408

Address: 700 US Hwy 117 S
Goldsboro, NC 27530

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Greensboro FMS

Phone 919-664-6000 ext 46012

Address: 110 Franklin Blvd
Greensboro, NC 27420

Shop Chief

Number of containers at unit: 1
Only

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu.yd.trash container
Container No. 2:
Container No. 3:

NOTE: Rental only City Picks Up

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor

\$..... per ton

Hauling fee for roll off container/compactor

\$..... per haul

Additional haul roll off container/compactor

\$..... per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Greensboro RC

Phone 919-664-6000 ext 46012

Address: 110 Franklin Blvd
Greensboro, NC 27420

Shop Chief

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash container picked up 2 times per week
Container No. 2: 8 cu. yd. cardboard recycle container picked up 2 times per month
Container No. 3:

NOTE:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Greenville R.C.**

Phone No. 252-378-5841

Address: 1401 N Memorial Drive
Greenville, NC 27834

Supply SGT

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash container picked up 1 time per week
Container No. 2: 8 cu. yd. recycle container picked up 2 times per month
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Hamlet R. C.

Phone 910-582-2737

Address: 291 Boyd Lake Road
Hamlet, NC 28345

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: High Point R.C.

Phone 336-841-3159 ext 11324

Address: 3515 Armory Drive
High Point, NC 27260

Supply SGT

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 1 time per week
Container No. 2: 8 cu. yd. recycle container picked up 2 times per month
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Jacksonville R.C.

Phone 910-347-4352

Address: 309 Broadhurst Road
Jacksonville, NC 28540

Supply SGT

Number of containers at unit: 1
Only

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cu. yd. trash container
Container No. 2:
Container No. 3:

NOTE: Rental only city picks up

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor

\$..... per ton

Hauling fee for roll off container/compactor

\$..... per haul

Additional haul roll off container/compactor

\$..... per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Kinston R.C.

Phone No. 252-208-0255 ext 15846

Address: 2875 Dobbs Farm Road
Kinston, NC 28540

Shop Chief

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash container picked up 1 time per week

Container No. 2: 8 cu. yd. cardboard container picked up 1 time per week

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Lenoir FMS

Phone 828-758-8192 ext 11246

Address: 1539 Beecher Anderson Road
Lenoir, NC 28645

Shop Chief

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu.yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Lenoir R.C.

Phone 828-757-3220 ext 11231

Address: 1539 Beecher Anderson Road
Lenoir, NC 28645

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor

\$..... per ton

Hauling fee for roll off container/compactor

\$..... per haul

Additional haul roll off container/compactor

\$..... per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Lexington R.C.

Phone 336-248-2798

Address: 201 West 9th Street
Lexington, NC 27292

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Lincolnton R.C.**

Phone 984-661-1541

Address: 1224 North Aspen Street
Lincolnton, NC 28092

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Louisburg R. C.**

Phone 919-497-1909

Address: 600 S. Bickett Blvd
Louisburg, NC 27549

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Lumberton R.C.**

Phone No. 919-664-6000

Address: 4520 Fayetteville Road
Lumberton, NC 28358

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Mocksville R.C.

Phone No. 984-661-1701

Address: 804 East Lexington Road
Mocksville, NC 27028

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Monroe R.C.

Phone 704-283-5512

Address: 700 Charles Street
Monroe, NC 28110

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Mooresville R.C.

Phone 704-664-5991- ext11784

Address: 720 N Broad Street
Mooresville, NC 28115

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu.yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Morehead City R.C.

Phone 252-726-5045

Address: 3413 Bridges Street
Morehead City, NC 28557

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Morganton R.C.

Phone 828-437-0746

Address: 411 Kirksey Drive
Morganton, NC 28655

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Morrisville F.F. # 1

Phone 919-804-5300

Address: 2050 National Guard Drive
Morrisville, NC 27560

Supply SGT

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cu. yd. trash container picked up 1 time per week
Container No. 2: 8 cu. yd. recycle container picked up 2 times per month

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Morrisville R.C.**

Phone 919-804-5300

Address: 2050 National Guard Drive
Morrisville, NC 27560

Supply SGT

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cu yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Mount Airy R. C.

Phone 336-786-7551

Address: 185 Patrol Station Road
Mount Airy, NC 27030

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name **Murphy R. C.**

Phone 828-837-7816

Address: 118 Mulkey Drive
Murphy, NC 28906

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Nashville R. C.

Phone 252-459-3387

Address: 1030 eastern Ave
Nashville, NC 27856

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **New Bern R. C.**

Phone 252-636-2959 ext 2

Address: 301 Glen Burnie
New Bern, NC. 28560

Supply Sgt

Number of containers at unit: 1
ONLY

Container Status: **Rental**

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container
Container No. 2:
Container No. 3:

NOTE: Rental Only

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Newton R. C.**

Phone No. 984-661-1221

Address: 1811 S. US 321 Hwy
Newton, NC. 28658

Supply SGT

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2: 96 gal recycle container picked up 1 time per month

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Raeford R. C.

Phone 910-875-3576 ext 12268

Address: 305 Teal Drive
Raeford, NC. 28376

Supply SGT

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2: 8 cu. yd. recycle container picked up 2 times per month

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Raleigh Claude T. Bowers Building

Phone 919-664-6277

Address: 4105 Reedy Creek Road
Raleigh, NC. 27607

Traci Langdon

Number of containers at unit: 5

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per week

Container No. 2: (4) 96 gallon recycle carts picked up EOW

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Raleigh CSMS

Phone 919-664-6454

Address: 4207 Reedy Creek Road
Raleigh, NC. 27607

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Raleigh FMO

Phone 919-664-6454

Address: 4203 Reedy Creek Road
Raleigh, NC. 27607

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Raleigh JFHQ

Phone 919-664-6000

Address: 1636 Gold Star Drive
Raleigh, NC. 27607

Terry Brownell

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 3 times per week

Container No. 2: 8 cu. yd. trash container picked up 1 time per week

Container No. 3: 8 cu. yd. commingling container picked up 2 times per week

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Raleigh USPFO

Phone 919-664-6000

Address: 4201 Reedy Creek Road
Raleigh, NC. 27607

Terry Brownell

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Reidsville R. C.

Phone 336-349-4528

Address: 292 NC 65
Reidsville, NC 27320

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Roanoke Rapids**

Phone 252-537-3678

Address: 813 E. 14th Street
Roanoke Rapids, NC. 27870

Supply SGT

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cu. yd. trash container picked up 2 times per month
Container No. 2: 6 cu. yd. trash container picked up 2 times per month
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Rockingham R. C.**

Phone 910-995-1818

Address: 1207 Rockingham Road
Rockingham, NC 28379

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Rocky Mount R. C.

Phone 252-446-9573

Address: 600 Walnut Street
Rocky Mount, NC. 27803

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

nit Name: Roseboro R. C.

Phone 910-525-3740

Address: 112 W. Fayetteville Street
Roseboro, NC 28382

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Roxboro R. C.**
Address: 605 Burlington Road
Roxboro, NC. 27573

Phone 336-599-5982
Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month
Container No. 2:
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Salisbury F.F.

Phone 704-639-7750 ext 16508

Address: 1235 National Guard Road
Salisbury, NC. 28147

Supply SGT

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2: 8 cu. yd. cardboard container picked up 1 time per week

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Sanford R.C.

Phone 919-776-1212 ext 13

Address: 2214 Nash Street
Sanford, NC. 22731

Supply Sgt

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Scotland Neck R. C.

Phone 919-664-6000

Address: 911 Junior High School
Scotland Neck, NC. 27874

Supply Sgt

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Shallotte R. C.**

Phone 910-754-6821

Address: 5050 Main Street
Shallotte, NC. 28470

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Siler City R. C.

Phone No. 919-664-6000 ext 12742

Address: 801 Alston Bridge Road
Siler City, NC. 27344

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Smithfield R.C.**

Phone 919-934-2013

Address: 406 Hospital Road
Smithfield, NC. 27577

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Snow Hill

Phone 252-747-3428

Address: 312 SE 2nd Street
Snow Hill, NC. 28580

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Southern Pines R. C.

Phone 910-692-8747

Address: 505 Morganton Road
Southern Pines, NC 28387

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: St. Pauls R. C.

Phone 910-865-5182

Address: 705 N Old Stage Road
St. Pauls, NC 28384

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month
Container No. 2:
Container No. 3:

COST INFORMATION:

Container No.1 \$..... per mo.

Container No. 5 \$..... per mo.

Container No.2 \$..... per mo.

Container No. 6 \$..... per mo.

Container No.3 \$..... per mo.

Container No. 7 \$..... per mo.

Container No.4 \$..... per mo.

Container No. 8 \$..... per mo.

Landfill fee for roll off container/compactor

\$..... per ton

Hauling fee for roll off container/compactor

\$..... per haul

Additional haul roll off container/compactor

\$..... per haul

Vendor Comments:

Company Name: Federal ID No.

Quotation Date: Telephone Number:

Authorized Signature/Title of Company Official:

Branch location serving facility:

Area code and phone number of branch serving facility:

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Sylva R. C.

Phone 828-586-4313 ext 12942

Address: 611 Webster Road
Sylva, NC 28779

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Tarboro R. C.**

Phone 252-823-3000

Address: 400 E. Walnut Street
Tarboro, NC 27886

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Thomasville R. C.**

Phone 919-664-6000

Address: 130 Culbreth Ave
Thomasville, NC. 27360

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 1 time per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Wadesboro R. C.**

Phone 704-694-5003 ext 13104

Address: 100 Anson Jr. High School Road
Wadesboro, NC. 28170

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Washington R. C.**

Phone 252-946-0432

Address: 399 Minuteman Lane
Washington, NC. 27889

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

nit Name: Whiteville R. C.
Address: 929 Washington Street
Whiteville, NC. 28472

Phone 910-642-2986 ext 13223
Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cu. yd. trash container picked up 1 time per week
Container No. 2:
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Williamston R. C.

Phone 919-664-6000

Address: 314 East Blvd
Williamston, NC. 27892

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Wilmington CBR**

Phone 919-664-6000

Address: 2221 Carolina Beach Road
Wilmington, NC. 28401

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Wilmington FMS**
Address: 2412 Infantry Road
Wilmington, NC. 28405

Phone 910-762-0214
Shop Chief

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 1 time per week
Container No. 2:
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Winston Salem FMS**

Phone 336-761-2407

Address: 2000 Silas Creek Pkwy
Winston Salem, NC 27103

Shop Chief

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 1 time per week
Container No. 2: 8 cu. yd. recycling container picked up 1 time per month
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **Winston Salem R. C.**

Phone No. 336-761-2407

Address: 2000 Silas Creek Pkwy
Winston Salem, NC 27103

Shop Chief

Number of containers at unit: 1
ONLY

Container Status: **Rental**

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container
Container No. 2
Container No. 3:

NOTE: Rental Only

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Youngsville R. C.

Phone 919-664-6000 ext 13428

Address: 142 Hwy 1 A South
Youngsville, NC. 27596

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 2 times per month

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Youngsville Reset**

Phone 919-664-6000 ext 13423

Address: 142 Hwy 1 A.
Youngsville, NC. 27596

Supply SGT

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Tarheel Challenge Academy

Unit Name: TCA

Phone 910-525-5520

Address: 600 NE Main Street
Salemberg, NC 28385

David Alexander

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cu.yd. trash container picked up 3 times per week

Container No. 2: (1) 30 cu.yd. open top trash containers picked up on call basis

Container No. 3: (1) 65 gallon plastic bottle container picked up once per week

COST INFORMATION:

Container No.1 \$ _____ . _____ per mo.

Container No. 5 \$ _____ . _____ per mo.

Container No.2 \$ _____ . _____ per mo.

Container No. 6 \$ _____ . _____ per mo.

Container No.3 \$ _____ . _____ per mo.

Container No. 7 \$ _____ . _____ per mo.

Container No.4 \$ _____ . _____ per mo.

Container No. 8 \$ _____ . _____ per mo.

Landfill fee for roll off container/compactor

\$ _____ . _____ per ton

Hauling fee for roll off container/compactor

\$ _____ . _____ per haul

Additional haul roll off container/compactor

\$ _____ . _____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

AIR NATIONAL GUARD

Unit Name: Charlotte 145th CES

Phone 704-391-4231

Address: 4930 Minuteman Way
Charlotte, NC 28208

Chris Bryant

Number of containers at unit: 11

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (8) 8 cu.yd. trash container picked up 2 times per week

Container No. 2: (3) 8 cu.yd. paper and cardboard recycle containers picked up EOW

Container No. 3:

COST INFORMATION:

Container No.1 \$ _____ . _____ per mo.

Container No. 5 \$ _____ . _____ per mo.

Container No.2 \$ _____ . _____ per mo.

Container No. 6 \$ _____ . _____ per mo.

Container No.3 \$ _____ . _____ per mo.

Container No. 7 \$ _____ . _____ per mo.

Container No.4 \$ _____ . _____ per mo.

Container No. 8 \$ _____ . _____ per mo.

Landfill fee for roll off container/compactor

\$ _____ . _____ per ton

Hauling fee for roll off container/compactor

\$ _____ . _____ per haul

Additional haul roll off container/compactor

\$ _____ . _____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: 118th ASOS Site (Stanly County Airport)

Phone No. 704-391-4231

Address: 39471 Hercules Drive
New London, NC 28127

Chris Bryant

Number of containers at unit: 7

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (4) 8 cu.yd. trash container picked up 1 time per week
Container No. 2: (3) 8 cu.yd. recycling containers for cardboard picked up EOW
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Regional Training Site (Stanly County Airport)

Phone No. 704-391-4231

Address: 38268 Prime Beef Blvd.
New London, NC 28127

Chris Bryant

Number of containers at unit: 7

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (4) 8 cu.yd. trash container picked up 1 time per week
Container No. 2: (3) 8 cu.yd. recycling containers for cardboard picked up EOW
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

STATE HIGHWAY PATROL

Unit Name: NCSHP (TRAINING ACADEMY)

Phone 919-662-4430

Address: 3318 Garner Road
Raleigh, NC 27610

Ricky Hooks

Number of containers at unit: 6

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (2) 8 cu. yd. trash container picked up 2 times per week (Cafeteria & Driving Track)

Container No. 2: 8 cu. yd. cardboard container picked up 1 time per week (Behind Gym)

Container No. 3: 8 cu. yd. recycling container picked up 1 time per week

Container No. 4: 20 cu. yd. trash container picked up 2 time per month

Container No. 5: 8 x 20 cu. yd. trash compactor picked up 1 time per month

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional haul roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: **NCSHP TROOP H GARAGE**

Phone 704-292-1046

Address: 2206 Fowler Secrest Road
Monroe, NC 28110

Roy Crunkleton

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: NCSHP (TSU)

Phone 919-662-4440

Address: 3318 Garner Road Bldg. #2
Raleigh, NC 27610

B.J. Phelps

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 4 cu. yd. plastics container picked up 1 time every 2 weeks
Container No. 2: 4 cu. yd. aluminum cans picked up 1 time every 2 weeks
Container No. 3: 4 cu. yd. paper container picked up 1 time every 2 weeks

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: NCSHP VIPER/TSU

Phone 919-661-3128

Address: 1400 Transport Drive
Raleigh, NC 27603

Michael Jones

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 20 cu. yd. roll off container for trash picked up on call

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: NCSHP WILLIAMSTON COMM CENTER

Phone 252-792-4103

Address: 4003 West Main Street
Williamston, NC 27892

Michael Leggette

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu. yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

JUVENILE JUSTICE

Unit Name: Alexander Juvenile Detention Center

Phone 828-632-1141

Address: 928 NC Hwy 16 South
Taylorsville, NC. 28681

Joyce Burke

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash container picked up 2 times per week

Container No. 2: 4 cu.yd. cardboard recycling 1 time per week

Container No. 3:

COST INFORMATION:

Container No.1 \$ _____ . _____ per mo.

Container No. 5 \$ _____ . _____ per mo.

Container No.2 \$ _____ . _____ per mo.

Container No. 6 \$ _____ . _____ per mo.

Container No.3 \$ _____ . _____ per mo.

Container No. 7 \$ _____ . _____ per mo.

Container No.4 \$ _____ . _____ per mo.

Container No. 8 \$ _____ . _____ per mo.

Landfill fee for roll off container/compactor

\$ _____ . _____ per ton

Hauling fee for roll off container/compactor

\$ _____ . _____ per haul

Additional haul roll off container/compactor

\$ _____ . _____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: C. A. Dillon Youth Development Center

Phone 919-575-3166 ext 246

Address: 100 Dillon Drive
Butner, NC. 27509

Ceburn Mangum

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (3) 4 cu.yd. trash containers picked up 2 times per week

Container No. 2:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Cabarrus Juvenile Detention Center

Phone 704-720-0807

Address: 822 McWhorter Road
Concord, NC 28027

Carolyn Jones

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Chatham Youth Development Center

Phone 919-742-6225

Address: 560 Progress Blvd
Siler City, NC 27344

Kimberely Chavis

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu. yd. trash container picked up 2 times per week

Container No. 2: (2) 96 gallon recycle containers picked up 2 times per week

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Cumberland Juvenile Detention Center

Phone 910-486-1399

Address: 1911 Coliseum Drive
Fayetteville, NC. 28306

Gene Hallock

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash container picked up 2 times per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Dobbs Youth Development Center

Phone 252-525-4452

Address: 3060 Dobbs farm Road
Kinston, NC 28505

Lisa Powell

Number of containers at unit: 6

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash containers picked up 2 times per week

Container No. 2: 8 cu.yd. cardboard containers picked up 2 times per month

Container No. 3: (4) 65 gallon carts for recycling plastic picked up 2 times per month

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: **Lenoir Youth Development Center**

Phone 252-525-4452

Address: 3055 Dobbs Farm Road
Kinston, NC 28505

Lisa Powell

Number of containers at unit: 7

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. trash containers picked up 2 times per week

Container No. 2: 8 cu.yd. cardboard containers picked up 2 times per month

Container No. 3: (5) 65 gallon recycling carts for plastic picked up 2 times per month

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: *New Hanover Regional Juvenile Detention Center* Phone 910-675-0594

Address: 3830 Juvenile Center Road
Castle Hayne, NC. 28429

Marion Kreh

Number of containers at unit: 3

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 6 cu.yd. trash container picked up 2 times per week
Container No. 2: (2) 96 gallon recycle for comingle 1 time per week
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Pitt Regional Juvenile Detention Center

Phone 252-830-6590

Address: 451 W. Belvoir Road
Greenville, NC 27834

Rhonda Cox

Number of containers at unit: 1

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 20 cu.yd. trash container picked up 1 time per week

Container No. 2:

Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

Unit Name: Stonewall Jackson Youth Development Center Phone 704-652-4303
Address: 850 Holshouser Road Dorothy Barrino
Concord, NC 28027

Number of containers at unit: 23 Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: (11) 6 cu.yd. dumpsters picked up 2 times per week
Container No. 2: (2) 8 cu.yd. trash containers picked up 2 times per week
Container No. 3: (6) 96 gallon recycling containers picked up 2 times per week (plastics & aluminum)
Container No. 4:

COST INFORMATION:

Container No.1 \$..... per mo. Container No. 5 \$..... per mo.
Container No.2 \$..... per mo. Container No. 6 \$..... per mo.
Container No.3 \$..... per mo. Container No. 7 \$..... per mo.
Container No.4 \$..... per mo. Container No. 8 \$..... per mo.
Landfill fee for roll off container/compactor \$..... per ton
Hauling fee for roll off container/compactor \$..... per haul
Additional haul roll off container/compactor \$..... per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

Unit Name: Wake Juvenile Detention Center

Phone 919-212-3104

Address: 700 Beacon Lake Drive
Raleigh, NC. 27610

Kayla Harris

Number of containers at unit: 2

Container Status: Rental

CONTAINER SIZE IN CUBIC YARDS-PICKUPS PER WEEK-COST PER MONTH:

Container No. 1: 8 cu.yd. Trash containers picked up 1 time per week
Container No. 2: 8 cu.yd. Cardboard containers picked up 1 time per week
Container No. 3:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor

\$_____ per ton

Hauling fee for roll off container/compactor

\$_____ per haul

Additional haul roll off container/compactor

\$_____ per haul

Vendor Comments: _____

Company Name: _____ Federal ID No. _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

EMERGENCY MANAGEMENT

Unit Name: *Emergency Management Badin Logistics Support Center* Phone 704-982-1771

Address: 40592 Airport Road
New London, NC 28127

Aaron Deese

Number of containers at unit: 1
Rental

Container Status:

Container No. 1: 8 cu. yd. trash container picked up 1 time per month

Container No. 3:

Container No. 4:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent

Ph 919-324-6449

E-mail traci.faircloth@ncdps.gov

EMERGENCY MANAGEMENT

Unit Name: *Emergency Management Eastern Branch Office*

Phone 252-520-4923

Address: 3802 Hwy 58 North Suite B
Kinston, NC 28504

Perchrista Boone

Number of containers at unit: 1
Rental

Container Status:

Container No. 1: 4 cu. yd. trash container picked up 1 time per week

Container No. 3:

Container No. 4:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____

Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is:

Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov

ABC COMMISSION

Unit Name: ABC Commission
Address: 400 East Tryon Road
Raleigh, NC 27610

Phone 919-779-0700
Yadira Soto

Number of containers at unit: 1
Rental

Container Status:

Container No. 1: 8 cu. yd. trash container picked up 2 time per month
Container No. 3:
Container No. 4:

COST INFORMATION:

Container No.1 \$_____ per mo.

Container No. 5 \$_____ per mo.

Container No.2 \$_____ per mo.

Container No. 6 \$_____ per mo.

Container No.3 \$_____ per mo.

Container No. 7 \$_____ per mo.

Container No.4 \$_____ per mo.

Container No. 8 \$_____ per mo.

Landfill fee for roll off container/compactor \$_____ per ton

Hauling fee for roll off container/compactor \$_____ per haul

Additional pickup for 8 (or other) cubic yard trash container \$_____ per pickup

Additional haul for roll off container/compactor \$_____ per haul

Vendor Comments: _____

Company Name: _____

Quotation Date: _____ Telephone Number: _____

Authorized Signature/Title of Company Official: _____

Branch location serving facility: _____

Area code and phone number of branch serving facility: _____

Contact person for questions regarding this proposal form is: Traci Faircloth, Purchasing Agent
Ph 919-324-6449
E-mail traci.faircloth@ncdps.gov