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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **SECTION 1: PROJECT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Master Agreement #: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | |  | |  | | | |  | |  | |  | |  | |  | | | | |  | | | | |  | | | | | | | | | Work Description: | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  | | |  | | | |  | | | | |  | | | | | | |  | |  | | |  | |  | | |  | | | | | |  | | |  | | | | |  | | | | |  | | | | |  | | |  | |  | |  | | | |  | |  | |  | |  | |  | | | | |  | | | | |  | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 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| | | | |  | | | | | | | | |  | Contract Amount: | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | |  | | | | |  | | | | |  | | | | |  | | |  | |  | |  | | | |  | |  | |  | |  | |  | | | | |  | | | | |  | | | | | | | | |  | | | | | |  | | |  | | |  | | |  | | | | | | | | | |  | | | | |  | | |  | | | |  | | | | |  | | | | | | |  | |  | | |  | |  | | |  | | | | | |  | | |  | | | | |  | | | | |  | | | | |  | | |  | |  | |  | | | |  | |  | |  | |  | |  | | | | |  | | | | |  | | | | | | | | | **SECTION 2: DEPARTMENT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Department Contract Administrator: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | 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| | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | |  | |  | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | *City* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | *State* | | | |  | | *Zip* | | | | | | | | | | | | | | | | | | | **SECTION 3: CONTRACTOR/VENDOR INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Contractor/Vendor Company Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | | | |  | Contractor/Vendor Company Officer: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | | | |  | Company Project Manager: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Office Phone #: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |  | Mobile Phone #: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | 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|  | | | | | |  | | Work Zone Traffic Control Supervisor: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | Work Zone Traffic Control Technician: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | **Master Agreement Work Area:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 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| | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Procedures for disposal of collected litter | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Additional litter removal cycles (early season & late season) | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Procedures for inspections & acceptance of work | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Procedures for invoicing & processing of pay documents | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  | **ROADSIDE HERBICIDE SPRAYING OPERATIONS:** | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Documentation of Kentucky Department of Agriculture pesticide applicator licenses | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | |  |  | Begin date for work and completion time/date | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Proper & acceptable herbicide application equipment | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Description of work line items | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Description of units of measurement | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Materials (products) provided by the Department (coordination of transfers) | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Materials (products) provided by the Contractor (Vendor) | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Vendor plan of work performance | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Vendor plan to manage pesticide discharges to comply with the KYG-99 permit | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Procedures to address damages from off-target chemical injury and/or misapplication | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  | |  |  | Procedures to coordinate with KYTC Right-of-Way mowing operations | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Procedures for daily pesticide application reporting & GPS application data | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Procedures for inspections & acceptance of work | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  |  | Procedures for invoicing & processing of pay documents | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  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| **SECTION 6: SIGNATURE & STATEMENT OF UNDERSTANDING** | | | | | |
| *The undersigned agree to be honest and forthcoming during this meeting, with the intent of communicating and cooperating with one another in a partnering effort tot achieve the best possible product for the Commonwealth of Kentucky.* | | | | | |
| **Name** (*Print*.) | **Signature** | **Company** | **Email Address**  *Check the box if you would like a copy of the meeting notes.* | | **Phone** |
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