



**KENT COUNTY DEPARTMENT OF PLANNING SERVICE  
SEALED BIDS FOR THIRD PARTY REVIEW OF SOLAR FACILITY  
DECOMMISSIONING COST ESTIMATES**

**BID SPECIFICATIONS**

**A. GENERAL CONDITIONS**

1. It is the intent of Kent County, Department of Planning Services to establish an hourly rate(s) for the review and confirmation of solar facility decommissioning cost estimates in accordance with Chapter 205, Article VI, §205-73, Items E and F of Kent County Code.

Decommissioning plan.

- (a) A decommissioning plan outlining the anticipated means and costs of removing the solar facility must be submitted with the application.
- (b) The decommissioning plan should ensure that the owner or operator properly removes the equipment and facilities upon the end of project life or after their useful life. The plan must include provisions for the removal of all structures and foundations, the removal of all electrical transmission components and the restoration of soil and vegetation.
- (c) The owner/operator must provide a present-day decommissioning cost estimate and identify the parties responsible for decommissioning. The County shall engage a third party to review and confirm the cost estimate and the expense of the review shall be paid by the owner/operator.

Each bid shall include the hourly rate for each review and a list of professional staff capable of completing the review.

**B. CONTRACT ADMINISTRATOR**

The contract(s) shall be administered by Kent County Department of Planning Services. Questions pertaining to this contract, before and after award, shall be directed to Sarah Keifer, Director of Planning Services, Monday through Friday, between the hours of 8:00 AM to 5:00 PM at (302) 744-2471.

**C. LIABILITIES AND PENALTIES**

In any and all events, the successful bidder shall indemnify and hold the County harmless from any and all damages, liabilities, cost, expenses, actions, suits, claims, including attorneys' fees, incurred or arising as a result of services rendered.

**D. INSURANCE SUBMITTAL**

Provide a certificate of insurance.

**E. PAYMENT AND INVOICES**

Payment for work provided under this contract will be based on the total number of hours to complete the review and provide results to the County. The firm(s) shall submit an invoice to the Department of Planning



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Services within five (5) business days of completion of work.

**F. BIDDING REQUIREMENTS**

Hourly rates for the review shall be submitted on the form provided on page three (3) of this packet. The firm(s) will be paid for the actual number of hours required to complete a review.

The firm(s) shall be prepared to commence work within five (5) working days after notification to proceed.

**G. BASIS OF AWARD**

The bidders shall be notified of the established hourly rate by Kent County Department of Planning Services in writing within ten (10) days of the bid opening date.

The bid opening date will be Friday, July 25, 2025, at 4:00 P.M. local time at the Kent County Administrative Complex in the Department of Planning Services, 555 Bay Road, Dover, DE 19901.

Kent County reserves the right to accept or reject any or all bids and award contracts in the best interest of Kent County.

**Except for communications specifically authorized herein pertaining to the preparation and submittal of a Bid, Respondents to this Invitation to Bid or their representatives shall not separately or independently of their own accord discuss, negotiate, promote, market, lobby or solicit with any County Employee or any County Official, verbally or in writing, during the Invitation to Bid advertisement period and Bid Review and Selection Process as indicated in this Invitation to Bid. Failure of a Respondent to adhere to this provision may result in the Respondents' disqualification from further consideration.**



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**BID SUBMITTAL**

**Hourly Rate:** \_\_\_\_\_

**Please list all staff available to complete review including position and qualifications** (include on separate sheet if required):

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**Submitted by:**

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Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number