

Bid Form  
**Marjaree Mason Center**  
Community Resource Center

Date: \_\_\_\_\_

Bidders Company Name: \_\_\_\_\_

CA License No. and Class: \_\_\_\_\_

DIR No.: \_\_\_\_\_

SCOPE(s) Bidding: TESTING AND INSPECTIONS

Base Bid Amount: \_\_\_\_\_

Donation Amount (If Applicable): \_\_\_\_\_ (Owner 501©(3) # will be provided for donations)

Total Bid (Base Bid – Donation): \_\_\_\_\_

**ALTERNATE(S):**

ADD ALTERNATE 1: \$ \_\_\_\_\_

ADD ALTERNATE 2: \$ \_\_\_\_\_

ADD ALTERNATE 3: \$ \_\_\_\_\_

This bid will remain valid for 60 days from the date of the bid.

1. Bid is based on acknowledge receipt and review of full set of contract documents. \_\_\_\_\_ (initial)
2. Summary of Work has been reviewed and incorporated accordingly in the bid submitted herein. \_\_\_\_\_ (initial)
3. Construction Schedule has been reviewed, accepted, and incorporated accordingly in the bid submitted herein. \_\_\_\_\_ (initial)
4. Proper prevailing wages are included in bid amounts. \_\_\_\_\_ (initial)
5. Provide copy of Hourly rates that would be used for any additional work outside of base contract amount. Rates to be inclusive of all fees, insurance, OH, etc.

Addenda acknowledged:

Addenda \_\_\_\_\_ Dated \_\_\_\_\_ Initial \_\_\_\_\_

Addenda \_\_\_\_\_ Dated \_\_\_\_\_ Initial \_\_\_\_\_

Addenda \_\_\_\_\_ Dated \_\_\_\_\_ Initial \_\_\_\_\_

Addenda \_\_\_\_\_ Dated \_\_\_\_\_ Initial \_\_\_\_\_

All bids will be reviewed and evaluated for completeness of scope coverage. Contracts shall be awarded, if awarded at all, by the Owner on the basis of lowest responsible bid. The lowest bid is defined as the lowest responsive, responsible bid for a single bid package or the summation of the lowest value of multiple bid packages and alternates, if both multiple bid packages and alternates were proposed by a subcontractor. The Owner reserves the right to reject any and all bids and/or waive any informality in any

bid received and/or determine in its discretion the responsibility of any bidder, and which base bid and alternate(s) is most advantageous to the Owner.

The award for this project is expected to occur in March 2024.

Upon Award, the undersigned agree (s) to sign the proposed subcontract agreement without modification and provide a performance and payment bond (if requested).

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Check box if your company is Small Business Enterprise.
- Check box if your company is Minority Business Enterprise.
- Check box if your company is Women Business Enterprise.
- Check box if your company is Labor Surplus Area Firm.
- Check box if your company is an HUBZone Area Firm.
- Check box if the product submitted is Buy American (Preferred)