

MIDLAND COUNTY ESA-ADDITIONS & RENOVATIONS
Midland, Michigan

DOCUMENT 004116 – BID FORM

PROJECT IDENTIFICATION: Midland County ESA-Additions & Renovations
3917 Jefferson Avenue
Midland, MI 48640

OWNER: Midland County ESA
3917 Jefferson Avenue
Midland, MI 48640

ARCHITECT: WTA Architects
100 S Jefferson Ave, Suite 601
Saginaw, MI 48607
Phone: (989) 752-8107

CONSTRUCTION MANAGER: Three Rivers Corporation
3069 Vantage Point Drive
Midland, MI 48642
Phone: (989) 631-9726
Fax: (989) 631-7402

TO: Brett Fales
Three Rivers Corporation
3069 Vantage Point Drive
Midland, MI 48641-1467
Phone: (989) 631-9726
Fax: (989) 631-7402
bfales@trccompany.com

BIDDER: _____

ADDRESS: _____

TELEPHONE # _____ FAX # _____

CATEGORY NUMBER & DESCRIPTION _____

ACKNOWLEDGEMENT OF ADDENDA

The undersigned Bidder acknowledges receipt of and use of the following Addenda in the preparation of this Bid:

Addendum No. _____, dated _____.

Addendum No. _____, dated _____.

Addendum No. _____, dated _____.

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Based upon the Request for Bids, this Bidder will furnish all labor, materials and equipment and will perform all operations necessary to complete the work required by the Bid Documents for the firm fixed price of:

BASE BID:

For the lump sum base bid of (\$_____)

Dollars.

WAGE RATES

List below wage rates for each trade that will perform work onsite. Do **NOT** include any OH&P in these figures.

	Trade	Straight Time	Time & One Half	Double Time
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Unit Rates (included as necessary per your trade)

- | | | |
|----|--|---------|
| 1. | Replace one (1) square foot of brick, single wythe, based on seven (7) brick units per SF. | \$_____ |
| 2. | Replace one (1) lineal foot of masonry mortar | \$_____ |
| 3. | Install one (1) helical brick tie and patch mortar at tie | \$_____ |
| 4. | Replace one (1) lineal foot of steel lintel | \$_____ |
| 5. | Install one (1) square foot of 5.2 inch rigid roof insulation | \$_____ |
| 6. | Removal and replacement of damaged 2" thick gypsum roof deck on form board with reinforcement to match existing roof deck reinforcement and profile. | \$_____ |
| 7. | Remove existing stone cap and install stainless steel through wall flashing and reinstall stone cap. | \$_____ |

ALTERNATES

1. Covered Fleet Parking. Provide cost to delete scope of work as depicted on Architectural Site Plan drawings. \$_____

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VOLUNTARY ALTERNATES

Suggested voluntary alternate description and price. Attach additional sheet(s) if necessary.

_____ ADD / DEDUCT
(\$_____)

_____ ADD / DEDUCT
(\$_____)

_____ ADD / DEDUCT
(\$_____)

SUBCONTRACTORS

The bidder proposes the use of the following subcontractors for the portions of the Work indicated:

Work	Company
_____	_____
_____	_____
_____	_____
_____	_____

INSURANCE REQUIREMENTS

Bidder to indicate by initialing below if they have reviewed the insurance requirements for this project and agree to provide such insurance if awarded:

_____ Yes
_____ No, explain

CLARIFICATIONS/EXCLUSIONS/QUALIFICATIONS

Provide list of clarifications, exclusions, and or qualifications included in your proposal below:

This can be anything related to work scopes provided by TRC, scheduling, lead times, vendor qualifications, sequencing, phasing, etc. Your input is appreciated.

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The undersigned BIDDER proposes and agrees, if this Bid is accepted, to enter into an agreement with CONSTRUCTION MANAGER in the form included in the Contract Documents to perform and furnish all Work as specified or indicated in this Bid and in accordance with the other terms and conditions of the Contract Documents. BIDDER accepts all of the terms and conditions of the Invitation to Bid and Instructions to Bidders, including without limitation those dealing with disposition of Bid security, if any. This Bid will remain subject to acceptance for sixty (60) days after the day of the Bid opening.

Respectfully submitted this ____ day of _____, _____

Submitted By: _____

(Name of bidding firm or corporation).

() An Individual () A Partnership () A Corporation () Other _____ (Check One)

Authorized Signature: _____

(Handwritten signature).

Signed By: _____

(Type or print name).

Title: _____

(Owner/Partner/President/Vice President).

Witnessed By: _____

(Handwritten signature).

By: _____

(Type or print name).

Title: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Federal ID No.: _____

(Affix Corporate Seal Here). _____

END OF DOCUMENT 004116