REQUEST FOR BID SUBMITTALS PACKET (Page 32 of 33) GRANT COUNTY WHITTAKER BUILDING ABATEMENT PROJECT #FM14001

PART 11. UPDATED APPENDIX 5 – Grant County Bid Form (Page 1 of 2)

Project Name: Name of Firm:	Whittaker Building Ab	oatement	Project No.: <u>FM14001</u>	
		REET NW	CILITIES & MAINTENANC 7, EPHRATA WA, 98823 2011 EXT. 367	EE.
	В	ID PI	ROPOSAL	
NOTE: Two prid Bid (1) below is for	ees may be given due to the scraping the ACBM fr	he nature o	ng bid proposal is submitted: of the asbestos on the buildin isting ceiling and an ALTER ove the ACBM in lieu of scra	NATE BID (2), if given, is
1) BASE BID which includes the cost of scraping the ACBM from the existing ceiling For furnishing all labor, materials, equipment, and all else whatsoever necessary to demolish, abate, and, remove ACBMs AND NON-ACBM demolished material within the building known as "The Whittaker Building" Project #FB14001.				\$
Mobilization				\$
Superintendent	.s	NO		\$\$
Journeyman		NO		\$
Apprentice		NO.		\$
Laborer		NO.		\$
Demobilization	1		_	\$
Total (should e	equal Base Bid)			\$
2) ALTERNATE BID which includes the cost of removing the ceiling of the Second floor (instead of scraping) in order to remove the ACBM. For furnishing all labor, materials, equipment, and all else whatsoever necessary to demolish, abate, and, remove ACBMs AND NON-ACBM demolished material within the building known as "The Whittaker Building" Project #FB14001.				\$
Mobilization				\$
Superintendent	· · ·	NO		¢.
Journeyman		NO	_	\$ \$
Apprentice		NO		•
Laborer		NO		\$\$
Demobilization			_	\$

Grant County reserves the right to accept or reject any or all bid prices within sixty (60) days of the bid date.

Time for Completion

Total (should equal Alternate Bid)

The undersigned hereby agrees to complete all the work under the Base Bid (and accepted alternates) within four (4) weeks + ten (10) days to proceed.

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Liquidated Damages

deducted from the contract by change order.

The bidder affirms receipt of and familiarity with Appendices 1, 2, and 3 within this RFP Packet and furthermore attests familiarity with the building, its location, contents, and its representative(s) having attended the mandatory walkthrough, and that they have had any questions answered to their satisfaction.

Signature

The undersigned agrees to pay the County as liquidated damages the sum of \$200.00 for each consecutive calendar day that is in default after the Contract Time. Liquidated damages shall be

Name of Firm		
NOTE: If bidder is a corporation, write State below.	of Incorporation; is	f a partnership, give full names and addresses of all parties
Signed by		, Official Capacity
Print Name		
Address		
City	State	Zip Code
Date Teleph	ione	FAX
State of Washington Contractor's License N	lo	

Federal Tax ID # ______ e-mail address:____