

BID FORM

TO:

Genesee Community Health Center
RFQ – Genesee Community Health Center 2298 S. Center Rd.
2298 S Center Rd
Burton, MI 48519

PROJECT:

Title: **GENESEE COMMUNITY HEALTH CENTER 2298 S. Center Rd.**

To Whom it May Concern:

The undersigned, after having carefully read and examined the Bid Documents and having examined the site and the conditions under which the work will be performed hereby agrees to furnish all of the supervision, labor, materials, transportation, services, and equipment necessary for the construction and proper completion of the entire work called for by the above named documents for the above project, for the sum below quoted:

Lump Sum: \$ _____

(Written amount)

(Name of Company)

Addenda Received:

NO. _____ DATED _____

NO. _____ DATED _____

Alternate No. 1 Add _____

Alternate No. 2 Add _____

Alternate No. 3 Add _____

SUBSTITUTIONS:

Bidder is cautioned to bid on the “Standards” specified. The following substitutions from the “Standards” specified are listed herein for consideration, and if accepted, the contract sum may be adjusted in accordance with the following:

Add / Deduct \$ _____

Add / Deduct \$ _____

Add / Deduct \$ _____

Add / Deduct \$ _____

Add / Deduct \$ _____

Add / Deduct \$ _____

WORK TIME:

The undersigned hereby agrees to complete the entire work per the Milestone Schedule.

Quote includes cost of all applicable taxes, fees, licenses, bonds, permits, meters, inspections, etc.

The owner reserves the right to reject any or all quotes, to waive any informality in receipt of this Proposal and to award Contract on basis stated in instructions to Bidders.

Included in the Total Bid are the following:

- o Bid Bond (Bid’s over \$50,000)
- o Performance Bond (Bid’s over \$50,000)
- o A certificate indicating the Contractor’s Builder Liability and Car Insurance is in force and with a company, licensed within the United States, and acceptable to the Owner.
- o A certificate indicating compliance with the State of Michigan’s Workers Compensation Law and indicating the Owner as additionally insured.

Contractor Signature _____

Dated this ____ day of _____ 2023

Check appropriate line:

Corporation _____

Individual _____

Partnership _____

Note: If Bidder is a corporation, write State of Incorporation under signature,
and if Partnership, give full names of all partners.

Unit Pricing:

UP No.1 _____

END OF SECTION