BID RESPONSE PACKET 710-21-0015

BID SIGNATURE PAGE

Type or Print the following information.

PROSPECTIVE CONTRACTOR'S INFORMATION							
Company:							
Address:							
City:				State:		Zip Code:	
Business Designation:	□ Individual □ Sole Proprietorship □ Public Service Corp □ Partnership □ Corporation □ Nonprofit						
Women-Owned ☐ African American ☐ Hisp		☐ American Indian ☐ Hispanic American	□ Asian <i>F</i>		American	☐ Service Di	sabled Veteran wned
Designation*: AR Certification #: * See Minority and Women-Owned Business F			Policy				
PROSPECTIVE CONTRACTOR CONTACT INFORMATION Provide contact information to be used for bid solicitation related matters.							
Contact Person:			Title:				
Phone:			Alternate Ph	one:			
Email:							
	L						
		CONFIRMATION O	F REDACTE	D COPY			
documents wi Note: If a redacte neither box pricing), wi	Il be released if requied copy of the submis	ssion documents is no of the non-redacted do onse to any request n	t provided with cuments, with	n Prospe the exc	ctive Cont eption of fi	ractor's respo inancial data (nse packet, and other than
		ILLEGAL IMMIGRA	ANT CONFIRI	MATION			
not employ or co	ntract with illegal imn	to this <i>Bid Solicitation</i> nigrants. If selected, the the aggregate term of	ne Prospective				
	ISR	AEL BOYCOTT RES	TRICTION CO	NFIRMA	NOITA		
		ctive Contractor agree		that they	/ do not bo	ycott Israel, a	nd if selected,
☐ Prospective Contractor does not and will not boycott Israel.							
An official autho	orized to bind the P	rospective Contracto	or to a resulta	nt contr	act must	sign below.	
		ent that any exception bid to be disqualifie		with a R	equiremen	t of this <i>Bid</i> S	olicitation will
Authorized Sign	nature:Use Ink Only.			_ Title:			
Printed/Typed N	lame:			_ Date:			

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

• Any	requested exceptions to items in this section which are <u>NON-mandatory</u> must be declared below or as an attachment to this
page	e. Vendor must clearly explain the requested exception, and should label the request to reference the specific solicitation item
num	ber to which the exception applies.

•	Exceptions to	Requirements	shall cause	the vendor's	proposal to be	e disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Date:	
Signature:	Title:	
Printed Name:		

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

•	Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this
	page. Vendor must clearly explain the requested exception, and should label the request to reference the specific solicitation item
	number to which the exception applies.

•	Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Vendor Name:	Date:	
Signature:	Title:	
Printed Name:		

SECTION 3 - VENDOR AGREEMENT AND COMPLIANCE

Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

Vendor Name:	Date:	
Signature:	Title:	
Printed Name:		
·		

SECTION 4 - VENDOR AGREEMENT AND COMPLIANCE

Exceptions to Requirements shall cause the vendor's proposal to be disqualified.

	Date:	
ignature:	Title:	
rinted Name:		

PROPOSED SUBCONTRACTORS FORM

• **Do not** include additional information relating to subcontractors on this form or as an attachment to this form.

PROSPECTIVE CONTRACTOR PROPOSES TO USE THE FOLLOWING SUBCONTRACTOR(S) TO PROVIDE SERVICES.

Subcontractor's Cor	npany Name	Street Address	City, State, ZIP
_			
	CTIVE CONTRACT	FOR DOES NOT PROPOSE TO	O USE SUBCONTRACTORS TO
PERFORM SI			
By signature below, ver the bid solicitation.	dor agrees to and sh	ı all fully comply with all Requiremer	nts related to subcontractors as shown
Vendor Name:		Di	Pate:
Vendor Name: Signature:			oate:

OFFICIAL BID PRICE SHEET

Item	Description	Approximate Square Feet	Price per SQUARE FOOT MONTHLY	TOTAL PRICE MONTHLY	
1	Main Hospital Building	148,000			
2	Units 3 Upper and Lower and 4 Upper and Lower	50,000			
3	Forensic Treatment and Activity	62,320			
4	Division of Behavioral Health Admin. Building	15,725			
5	Probate Court	5064			
6	Maintenance Building	8600			
	Grand Total				

AUTHORIZATION SIGNATURE

By my signature below, I certify that the aforementioned statements are true and correct and that I accept the Terms and Conditions as presented in this bid, and that I am authorized by the respondent to submit this bid on his/her behalf.

Vendor Name:	Date:
Signature:	Title:
Printed Name:	