

BID FORM

For Bids Due: February 13, 2020 at 3:00 p.m.

To: Mr. George Wicks IV,
Supervisor of Facilities and Planning
Christina School District
Eden Support Services
925 Bear-Corbitt Rd
Bear, De 19701

Name of Bidder: _____

Delaware Business License No.: _____ **Taxpayer ID No.:** _____

(A copy of Bidder's Delaware Business License must be attached to this form.)

***(Other License Nos.):** _____

Phone No.: () _____ - _____ **Fax No.:** () _____

The undersigned, representing that he has read and understands the Bidding Documents and that this bid is made in accordance therewith, that he has visited the site and has familiarized himself with the local conditions under which the Work is to be performed, and that his bid is based upon the materials, systems and equipment described in the Bidding Documents without exception, hereby proposes and agrees to provide all labor, materials, plant, equipment, supplies, transport and other facilities required to execute the work described by the aforesaid documents for the lump sum itemized below:

BASE BID: Provide all work identified on the Contract Documents except for panel replacement of the following panels: P2, P3, P5, P6, A-1, A-2, A-3, A-4, A-5, A-6, A-7, A-9, B-10, B-11, B-12, B-13, C-14, C-15 .

Amount: _____ (\$ _____)

ALTERNATES

Add Alternate #1: Provide panelboard replacement of the following panels: P2, P3, P5, P6.

Amount: _____ (\$ _____)

Add Alternate #2: Provide panelboard replacement of the following panels: A-1, A-2, A-3, A-4, A-5, A-6, A-7, A-9, B-10, B-11, B-12, B-13, C-14, C-15

Amount: _____ (\$ _____)

ALLOWANCE ACKNOWLEDGEMENT

ALLOWANCE #1: We have included an allowance amount equal to \$10,000.00 for miscellaneous costs not identified on the bid documents. I/We have reviewed and familiarized ourselves with the requirements contained in Specification Section 01 21 00 Allowances.

Acknowledged by: _____

UNIT PRICES:

There are no Unit Prices.

ELECTRICAL IMPROVEMENTS
CSD PROJECT #: CHR-2019-40

CSD-CHRISTIANA MSHA

BID FORM

I/We acknowledge Addenda numbered 1 and the price(s) submitted includes any cost/schedule impact they may have.

This bid shall remain valid and cannot be withdrawn for thirty (30) days from the date of opening of bids (60 days for School Districts and Department of Education), and the undersigned shall abide by the Bid Security forfeiture provisions. Bid Security is attached to this Bid.

The Owner shall have the right to reject any or all bids, and to waive any informality or irregularity in any bid received.

This bid is based upon work being accomplished by the Sub-Contractors named on the list attached to this bid.

Should I/We be awarded this contract, I/We pledge to achieve substantial completion of all the work **by August 9, 2020**.

The undersigned represents and warrants that he has complied and shall comply with all requirements of local, state, and national laws; that no legal requirement has been or shall be violated in making or accepting this bid, in awarding the contract to him or in the prosecution of the work required; that the bid is legal and firm; that he has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken action in restraint of free competitive bidding.

Upon receipt of written notice of the acceptance of this Bid, the Bidder shall, within twenty (20) calendar days, execute the agreement in the required form and deliver the Contract Bonds, and Insurance Certificates, required by the Contract Documents.

I am / We are an Individual / a Partnership / a Corporation

By _____ Trading as _____
(Individual's / General Partner's / Corporate Name)

(State of Corporation)

Business Address: _____

Witness: _____ By: _____
(SEAL) (Authorized Signature)

(Title)

Date: _____

ATTACHMENTS

Sub-Contractor List
Non-Collusion Statement
Affidavit(s) of Employee Drug Testing Program
Bid Security
Bidders Qualifications (Others as Required by Project Manuals)

BID FORM

SUBCONTRACTOR LIST

In accordance with Title 29, Chapter 6962 (d)(10)b Delaware Code, the following sub-contractor listing must accompany the bid submittal. The name and address of the sub-contractor **must be listed for each category** where the bidder intends to use a sub-contractor to perform that category of work. In order to provide full disclosure and acceptance of the bid by the *Christina School District*, it is **REQUIRED** that bidders list themselves as being the sub-contractor for all categories where he/she is qualified and intends to perform such work. This form must be filled out completely with no additions or deletions.

<u>Subcontractor Category</u>	<u>Subcontractor</u>	<u>Address (City & State)</u>	<u>Subcontractors tax payer ID # or Delaware Business license #</u>
1. <u>Electrical</u>	_____	_____	_____
2. <u>Concrete Paving</u>	_____	_____	_____

END OF SUBCONTRACTOR LISTING

ELECTRICAL IMPROVEMENTS
CSD PROJECT #: CHR-2019-40

CSD-CHRISTIANA MSHA

BID FORM
NON-COLLUSION STATEMENT

This is to certify that the undersigned bidder has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal submitted this date to the Christina School District.

All the terms and conditions of **CSD PROJECT: CHR-2019-40** have been thoroughly examined and are understood.

NAME OF BIDDER:

**AUTHORIZED REPRESENTATIVE
(TYPED):**

**AUTHORIZED REPRESENTATIVE
(SIGNATURE):**

TITLE:

ADDRESS OF BIDDER:

EMAIL:

PHONE NUMBER:

Sworn to and Subscribed before me this _____ day of _____ 20____.

My Commission expires _____. NOTARY PUBLIC _____.

THIS PAGE MUST BE SIGNED AND NOTARIZED FOR YOUR BID TO BE CONSIDERED.

BID FORM

**AFFIDAVIT
OF
EMPLOYEE DRUG TESTING PROGRAM**

4104 Regulations for the Drug Testing of Contractor and Subcontractor Employees Working on Large Public Works Projects requires that Contractors and Subcontractors implement a program of mandatory drug testing for Employees who work on Large Public Works Contracts funded all or in part with public funds.

We hereby certify that we have in place or will implement during the entire term of the contract a Mandatory Drug Testing Program for our employees on the jobsite that complies with this regulation:

Contractor/Subcontractor Name: _____

Contractor/Subcontractor Address: _____

Authorized Representative (typed or printed): _____

Authorized Representative (signature): _____

Title: _____

Sworn to and Subscribed before me this _____ day of _____ 20____.

My Commission expires _____. NOTARY PUBLIC _____.

THIS PAGE MUST BE SIGNED AND NOTARIZED FOR YOUR BID TO BE CONSIDERED.

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