# **BID FORM**

For Bids Due:	To:	OMB / Division of Facilities Management
	_	540 South DuPont Highway, Suite 1
	_	Dover, DE 19901
	_	
	_	
Name of Bidder:		
Delaware Business License No.:  (A copy of Bidder's Delaware Business License must		Taxpayer ID No.:
(A copy of Bidder's Delaware Business License must	be attached to the	his form.)
(Other License Nos.):		
(Other Electise 1103.).		
DI N (	T	
Phone No.: ( )	Fax I	No.: ( )
The undersigned, representing that he has read and u	inderstands the B	idding Documents and that this bid is made in accordance
		ne local conditions under which the Work is to be performed,
		scribed in the Bidding Documents without exception, hereby
		applies, transport and other facilities required to execute the
work described by the aforesaid documents for the lump	sum itemized be	elow:
(\$		
(\$		
<u>ALTERNATES</u>		
Alternate prices conform to applicable project specif	fication section.	Refer to specifications for a complete description of the
following "ADD" Alternates:		
		opliances shall have one amber and one clear lens. Amber
lens shall be marked "ALERT." Clear lens shall be mark	ked "FIRE."	
A 11		
Add:(\$		
(\$	,	
ALTERNATE No. 2: Provide an IP based gunshot de	etection system ful	lly integrated with the FAECS. This system shall operate on
		zed as Qualified Anti-Terrorism Technology and be Safety
Act Certified through the Department of Homeland Secr		
▼ -		
Add:		
(\$	)	

# **BID FORM**

### **UNIT PRICES**

There are no unit prices.

#### **ALLOWANCES**

Allowances are included as follows:

ALLOWANCE No. 1: \$10,000 for general contingencies and repairs, the balance of which is to be returned to the owner by credit change order at project conclusion.



# **BID FORM**

I/We acknowledge Addendums numbered and the price	(s) submitted include any cost/schedule impact they may have.
This bid shall remain valid and cannot be withdrawn for thirty (30) and Department of Education), and the undersigned shall abide by this Bid.	
The Owner shall have the right to reject any or all bids, and to waive	e any informality or irregularity in any bid received.
This bid is based upon work being accomplished by the Sub-Contra	ctors named on the list attached to this bid.
Should I/We be awarded this contract, I/We pledge to achieve subst the Notice to Proceed.	antial completion of all the work withincalendar days of
The undersigned represents and warrants that he has complied an laws; that no legal requirement has been or shall be violated in make prosecution of the work required; that the bid is legal and firm; the participated in any collusion, or otherwise taken action in restraint of	ting or accepting this bid, in awarding the contract to him or in the hat he has not, directly or indirectly, entered into any agreement,
Upon receipt of written notice of the acceptance of this Bid, the Bid in the required form and deliver the Contract Bonds, and Insurance	
I am / We are an Individual / a Partnership / a Corporation	
ByTra	ding as
(Individual's / General Partner's / Corporate Name)	
(State of Corporation)	
Business Address:	
Witness: By:	
(SEAL)	( Authorized Signature )
(62.12)	(Title)
Date:	
ATTACHMENTS	
Sub-Contractor List	
Non-Collusion Statement	

**Bid Security** 

Affidavit(s) of Employee Drug Testing Program

(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 *Owner*, 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.

Subcontractor Category	<b>Subcontractor</b>	Address (City & State)	Subcontractors tax payer ID #
1. Fire Alarm			or Delaware Business license #
2 El 4 1			
2. Electrical			

# **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 Office of Management and Budget, Division of Facilities Management.

All the terms and conditions of MJ1002000018 have been thoroughly examined and are understood.

NAME OF BIDDER:	
AUTHORIZED REPRESENTATIVE (TYPED):	
AUTHORIZED REPRESENTATIVE (SIGNATURE):	
TITLE:  ADDRESS OF BIDDER:	
ADDRESS OF BIDDER:	
E-MAIL:	
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.

# 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, including subcontractors that complies with this regulation:

Contractor/Subcontractor Name:	
Contractor/Subcontractor Address:	
Authorized Representative (typed or printed):	
Authorized Representative (typed of printed).	
Authorized Representative (signature):	
Title:	
Sworn to and Subscribed before me this	day of20
My Commission expires	NOTARY PUBLIC

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

# STATE OF DELAWARE OFFICE OF MANAGEMENT AND BUDGET

#### **BID BOND**

TO ACCOMPANY PROPOSAL (Not necessary if security is used)

KNOW ALL MEN BY TH	HESE PRESEN	NTS That:
0	f	in the County of
and State of		as Principal, and
0	f	in the County of
and State of as	s Surety, leg	in the County of as Principal, and in the County of ally authorized to do business in the State of Delaware
("State"), are held and firmly unto	the State in the	ne sum of
Dollars (\$	3	), or percent not to exceed
		Dollars (\$)
OMB / Division of Facilities M ourselves, our and each of our hei in the whole firmly by these preser NOW THE CONDITION	anagement for rs, executors, ants.  OF THIS OB	22000018, to be paid to the <b>State</b> for the use and benefit of or which payment well and truly to be made, we do bind administrators, and successors, jointly and severally for and SLIGATION IS SUCH That if the above bonded <b>Principal Facilities Management</b> a certain proposal to enter into this
contract for the furnishing of ce Contract, and if said <b>Principal</b> sha the terms of this Contract and app be entered into within twenty days	ertain material and trul roved by the (after the date	and/or services within the <b>State</b> , shall be awarded this ly enter into and execute this Contract as may be required by <b>OMB</b> / <b>Division of Facilities Management</b> this Contract to of official notice of the award thereof in accordance with the be void or else to be and remain in full force and virtue.
Sealed with seal and dethousand and	lated this(20	day of in the year of our Lord two
SEALED, AND DELIVERED IN Presence of		
Corporate	By:	Name of Bidder (Organization)
Seal Attest	By.	Authorized Signature
Attest		Title
		Name of Surety
Witness:	By:	
		Title