

**2026 Asbestos Abatement of the Hodgson Vo-Tech School
Project Number CEI-122325**

BID FORM

UNIT PRICES

Unit prices conform to applicable project specification section. The **New Castle County Vo-Tech School District** reserves the right to accept or reject any or all Unit Prices as listed. Refer to the specifications for a complete description of the following Unit Prices.

List the cost associated with adding or deducting each of the following items:

	<u>ADD/DEDUCT</u>
UNIT PRICE No. 1: <u>Carpet Glue per square foot.</u>	\$ _____
UNIT PRICE No. 2: <u>Floor Tile and Mastic per square foot.</u>	\$ _____
UNIT PRICE No. 3: <u>Ceramic Tile Mastic square foot.</u>	\$ _____
UNIT PRICE No. 4: <u>Glue Dots per square foot.</u>	\$ _____
UNIT PRICE No. 5: <u>Window Glazing per square foot.</u>	\$ _____
UNIT PRICE No. 6: <u>Duct Mastic per square foot.</u>	\$ _____
UNIT PRICE No. 7: <u>Pipe Insulation Covering per linear foot.</u>	\$ _____
UNIT PRICE No. 8: <u>Drywall per square foot.</u>	\$ _____
UNIT PRICE No. 9: <u>Sink Undercoating per each.</u>	\$ _____
UNIT PRICE No. 10: <u>Vinyl Cove Base Mastic per square foot.</u>	\$ _____
UNIT PRICE No. 11: <u>Building Caulk per square foot.</u>	\$ _____
UNIT PRICE No. 12: <u>Flashing Tar or Caulking per square foot.</u>	\$ _____
UNIT PRICE No. 13: <u>Valve and Flange Gaskets per each.</u>	\$ _____

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Set up price - A - (Asbestos Contractor price to set up for additional work while still at the site). Three stage decontamination unit.
Respiratory protection - PAPR

\$ _____ (Figure Amount)

_____ (Dollar Amount)

Containment - Price to be added to Set Up Price - A - reflects construction based on floor area as well as decontamination of affected areas.

1	-10 square feet	\$ _____	per square foot
11	-100 square feet	\$ _____	per square foot
101	-200 square feet	\$ _____	per square foot
201	-500 square feet	\$ _____	per square foot
501	-1000 square feet	\$ _____	per square foot

Set up price - B - (Asbestos Contractor price to set up for additional work while still at the site). Two stage decontamination unit.
Respiratory protection - PAPR

\$ _____ (Figure Amount)

_____ (Dollar Amount)

Containment - Price to be added to Set Up Price - B - reflects construction based on floor area as well as decontamination of affected areas.

1	- 10 square feet	\$ _____	per square foot
11	- 100 square feet	\$ _____	per square foot
101	- 200 square feet	\$ _____	per square foot
201	- 500 square feet	\$ _____	per square foot
501	- 1000 square feet	\$ _____	per square foot

Set up price - C - (Asbestos Contractor price to set up for additional work while still at the site). Three stage decontamination unit.
Respiratory protection - Type "C"

\$ _____ (Figure Amount)

_____ (Dollar Amount)

Containment - Price to be added to Set Up Price - A - reflects construction based on floor area as well as decontamination of affected areas.

1	-10 square feet	\$ _____	per square foot
11	-100 square feet	\$ _____	per square foot
101	-200 square feet	\$ _____	per square foot
201	-500 square feet	\$ _____	per square foot
501	-1000 square feet	\$ _____	per square foot

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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 sixty (60) days from the date of opening of bids, 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 November 30, 2026 and complete the work for each phase by the dates listed in the specification using _____ workers each day and completing the entire project in _____ calendar days.

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
- Bid Security
- (Others as Required by Project Manuals)

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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 New Castle County Vo-Tech 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.

<u>Subcontractor Category</u>	<u>Subcontractor</u>	<u>Address (City & State)</u>	<u>Subcontractors tax payer ID # or Delaware Business license #</u>
1. Asbestos Remover	_____	_____	_____
2. OSHA Monitor	_____	_____	_____
3. Waste Hauler	_____	_____	_____
4. Analytical Services	_____	_____	_____
5. Electrician	_____	_____	_____
6. Mercury Floor Remover	_____	_____	_____

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WASTE DISPOSAL FACILITY LIST

The Contractor has included all required disposal of wastes in the bid and will use the following licensed and permitted waste disposal facilities on this project without substitution:

1. **Asbestos-Containing and Asbestos-Contaminated Wastes:**

Facility Name: _____

Facility Address: _____

Facility Telephone Number: (_____) _____ - _____ EPA/State ID: _____

2. **Non-Asbestos-Containing and Non-Asbestos-Contaminated Wastes:**

Facility Name: _____

Facility Address: _____

Facility Telephone Number: (_____) _____ - _____ EPA/State ID: _____

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HAZARDOUS WASTE DISPOSAL FACILITY & TRANSPORTER LIST

The Contractor has included all required disposal of wastes in the bid and will use the following licensed and permitted waste disposal facilities on this project without substitution:

1. **Mercury Hazardous Waste Facility:**

Facility Name: _____

Facility Address: _____

Facility Telephone Number: (_____) _____ - _____ EPA/State ID: _____

Disposal Method: _____

2. **Mercury Hazardous Waste Transporter:**

Transporter Name: _____

Transporter Address: _____

Transporter Telephone Number: (_____) _____ - _____ EPA/State ID: _____

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ASBESTOS AND NON-ASBESTOS WASTE TRANSPORTER LIST

The Contractor has included all required transport of wastes in the bid and will use the following licensed and permitted transporter(s) on this project without substitution:

1. **Asbestos Waste Transporter:**

Transporter Name: _____

Transporter Address: _____

Telephone Number: (_____) _____ - _____

2. **Non-Asbestos Waste Transporter:**

Transporter Name: _____

Transporter Address: _____

Telephone Number: (_____) _____ - _____

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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 New Castle County Vo-Tech School District.

All the terms and conditions of Project Number CEI-122325 have been thoroughly examined and are understood.

NAME OF BIDDER: _____

AUTHORIZED REPRESENTATIVE
(TYPED): _____

AUTHORIZED REPRESENTATIVE
(SIGNATURE): _____

TITLE: _____

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.