BID FORM

PROJECT NAME AND LOCATION:

Asphalt Replacement Multiple Locations	Contract Number: DW2302431
BID FORM	
The undersigned, Legal Name of Bidder:	
on this date:	measurements contained in the project manual a, materials and necessary equipment – all including
AUBURN SQUARE APARTMENTS	(\$)
CARRIAGE HOUSE APARTMENTS	(\$)
CARRINGTON APARTMENTS	(\$)
HERITAGE PARK APARTMENTS	(\$)
PARKWOOD APARTMENTS	(\$)
RIVERSTONE APARTMENTS	(\$)
SALISH PLACE APARTMENTS	(\$)
SANDPIPER EAST APARTMENTS	(\$)
WALNUT PARK APARTMENTS	(\$)
WOODRIDGE PARK APARTMENTS	(\$)
FRIENDLY VILLAGE MOBILE HOME PARK	(\$)
TALL CEDARS MOBILE HOME PARK	(\$)
VANTAGE GLEN MOBILE HOME PARK	(\$)
SOMERSET GARDENS APARTMENTS	(\$)
BASE BID(Including sales tax indicated in Instructions to	(\$

BID FORM

UNIT PRICES See Specification Section 01100, 1.6 – Unit Prices

Unit Price No. 1 – Asphalt Replacement (Including sales tax indicated in Instructions to I	Bidders)	(\$)
Unit Price No. 2 – Extruded Curb (Including sales tax indicated in Instructions to I	Bidders)	(\$)
Unit Price No. 3 – Curb and Gutter (Including sales tax indicated in Instructions to I	,	(\$)
Unit Price No. 4 – Speed Bumps (Including sales tax indicated in Instructions to I	Bidders)	(\$)
Unit Price No. 5 – Wheel Stop (Including sales tax indicated in Instructions to E	Bidders)	(\$)
ADDENDAAcknowledge receipt of any add	denda by inser	ting the number(s	above	
In submitting this bid, it is understood that the rigundersigned hereby agrees that this proposal shal days from the date of Bid Opening.				
Bidder agrees that Work will be substantially co Contract Documents on or before the date, withi	•			with the
The undersigned Bidder hereby certifies that, we solicitation date for this Project, the bidder is no provision of chapters 49.46, 49.48, or 49.52 RC of assessment issued by the Department of Lab court of limited or general jurisdiction.	t a "willful" v W, as determi	iolator, as defined ned by a final and	d in RCW 49.48.08 I binding citation a	2, of any
I certify (or declare) under penalty of perjury units true and correct.	nder the laws o	of the State of Wa	ashington that the f	oregoing
Signature of Bidder	Print	Your Name		
Submitted on	_ day of			2023
City	State	;		

BIDDER INFORMATION

BIDDER INFORMATION

Name of Bidder (Company)	:		
Address:			
Contact Name:			
Phone Number:	Email A	ddress:	
Bidder is a(n): ☐ Individual	☐ Partnership ☐ Joint Ve	nture Incorporated	l in the state of
List business names & assoc	-	_	
Bidder has been in business	continuously from:		
Bidder has been in business			
Business License #:	Fedo	eral ID #:	
Current UBI #:	Dept. of L&I	Worker's Comp. Ac	ct. #:
Bidder has experience in wo	rk "Similar in Scope and C	Complexity" compara	ble to that required for this Project:
As a prime contractor for _	years. As	s a subcontractor for	years.
OWNER(S) OF COMPAN	IY (List all owners):	OWNER'S SOO	CIAL SECURITY NUMBER (only proprietorship):
No. of regular full-time emp	loyees other than owner(s)	:	
Indicate clearly the kind of v	work your company will ac	tually perform in this	s project:
Approximate % of work you	ır company will actually pe	erform:	
List the supervisory personn	el to be employed by the B	Bidder and available f	or, and intended to, work on this project:
Name	<u>Title</u>		How Long With Bidder

BIDDER INFORMATION

SUBCONTRACTORS

Do you intend to use Subcontractor(s) in this project?	Yes □ No □ (If yes,	you <u>must</u> show	the name of the
subcontractors. Attach additional pages as necessary.)			

llar scope and value as specifie Amount of Contract
Amount of
Phone Number

Has Bidder ever filed for protection under any provision of the federal bankruptcy laws or state insolvency laws?

☐ No ☐ Yes If yes, give details & attach additional pages as necessary: _

BIDDER INFORMATION

years? (i.e., open claims, lawsuits	s, warrants, judgements including but	been rendered against Bidder in the past five not limited to those that would show on the ages as necessary:
		State Worker's Compensation or other ment in the past 5 years? ☐ No ☐ Yes
<u>Date</u>	Type of Injury	Agency Receiving Claim
		<u> </u>
Bidders current Experience Mod	ification Rate (EMR):	
(If Bidder is self-insured, attach	proof of EMR stated, showing comp	lete worksheet calculations)
The bidder hereby certifies that current.	the information contained in this Bi	idder's Information is accurate, complete and
	NAME:	
(signature)		(print)
TITI E.	DATE:	