BID FORM

Contract Number: DW2400631

PROJECT NAME AND LOCATION:

Exterior Renovation

Cascadian Apartments				
labor, materials and n	al Name of Bidder:	nolition, dispo	on this ents, site condition ereby proposes to sal, new installar	date: ions, and o furnish ation and
BASE BID	(Including sales tax indicated in Instructions to Bidders)	(\$)	
UNIT PRICES See S	Specification Section 01100, 1.2 – Unit Prices			
Unit Price No. 1 Roof Framing	(Including sales tax indicated in Instructions to Bidders)	_(\$)	
Unit Price No. 2 Ceiling Insualtion R19	(Including sales tax indicated in Instructions to Bidders)	_(\$)	
ADDENDAAckn	owledge receipt of any addenda by inserting the number(s)	above		
<u>ADD/ALTERNATE</u>	: Windows & Sliding Doors See Addendum No. 1.			
1.)	(Including sales tax indicated in Instructions to Bidders)	_(\$)	

In submitting this bid, it is understood that the right is reserved by the Owner to reject any and all bids. The undersigned hereby agrees that this proposal shall be a valid and firm offer for a period of Sixty (60) calendar days from the date of Bid Opening.

Bidder agrees that Work will be substantially complete and ready for final payment in accordance with the Contract Documents on or before the date, within the number of calendar days indicated.

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The undersigned Bidder hereby certifies that, within the three-year period immediately preceding the bid solicitation date for this Project, the bidder is not a "willful" violator, as defined in RCW 49.48.082, of any provision of chapters 49.46, 49.48, or 49.52 RCW, as determined by a final and binding citation and notice of assessment issued by the Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signature of Bidder	Print Your Name	ur Name		
Submitted on	day of	2024		
City	 State			

BIDDER INFORMATION

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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 COMPANY (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.)			

Subcontractors Name	Subcontractor's U	J BI #	Phone Number	Trade		Years in Business
1.						
2.						
3.						
4.						
5.						
BIDDER'S EXPERIENCE						
Projects successfully supervised bid documents in the last 5 year				imilar scope and v	alue as spe	cified in
Name of Project	Completion Date	Duration	n Nature of W	ork	Amoun	
1.		(Months	s)		Contrac	<u>et</u>
2.						
3.						
4.						
5.						
Owner's Name (of project	Project Address		Contact Pers	son	Phone	
listed above) 1.					Numbe	r
2.						
3.						
4.						
5.						
					_	
Has Bidder ever been found gui If yes, give details & attach add						
Has Bidder ever filed for protect □ No □ Yes If yes, give detail					solvency la	aws?

BIDDER INFORMATION

years? (i.e., open claims, lawsuit	s, warrants, judgements including but	not limited to those that would show on the ages as necessary:
		State Worker's Compensation or other rment 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 B	idder's Information is accurate, complete and
BY:	NAME:	
(signature)		(print)
TITLE	DATE:	