

ATTACHMENT B - BID FORMS

In compliance with this Invitation for Bid, Addenda and to all the Terms and Conditions imposed therein and hereby incorporated by reference, the authorized undersigned offers and agrees to furnish the goods/services at the price(s) indicated on the Bid Form, in accordance with this Signed Bid Form.

The Signee of this Bid Form must be an authorized Officer of the Company.

(Please include any documentation of authority. For example, resolution of the board of directors, articles of incorporation, etc.)

Name and Address of Firm:

_____	Date: _____
_____	By: _____
_____	(Signature in Ink)
_____	Name: _____
_____	(Please Print)
_____ Zip Code: _____	Title: _____
EIN: _____	E-mail: _____
Phone: (____) _____	Fax: (____) _____

If Corporation or LLC, list State of Incorporation or Corporation: _____

Contractor License Number: _____

Commonwealth of Virginia State Corporation Commission Number: _____

(ATTACH A COPY OF YOUR STATE CORPORATION COMMISSION CERTIFICATE AND A LIST OF OFFICERS)

Unique Entity Identifier (UEI#) - D-U-N-S Number: _____

The named party hereby submits a bid in response to this City of Galax IFB to furnish construction services, materials, or equipment as described in the Specification and bid form to this IFB. The entire Bid form, including Response Statement, license certifications, and any supplemental materials required to be provided by the bidder pursuant to the terms and conditions of the IFB, constitute the entire bid submission.

The party hereby certifies that such bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person, to put in a sham bid or to refrain from bidding, and has not in any manner, directly or indirectly, sought by agreement or collusion or communication or conference, with any person to fix the bid price or affiant of any bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against City of Galax or any person interested in the proposed contract.

The party submitting the forgoing bid acknowledges the provisions, terms and conditions of this IFB including all attachments and addenda, and agrees to be bound by those provisions, terms and conditions. Further, the party certifies that all information submitted in response to this IFB is correct and true.

Receipt of the following Addenda are acknowledged:

Addendum No. _____ dated _____	Addendum No. _____ dated _____
Addendum No. _____ dated _____	Addendum No. _____ dated _____
Addendum No. _____ dated _____	Addendum No. _____ dated _____

(RETURN THIS FORM)

**ATTACHMENT B - BID FORMS
PRICING SCHEDULE**

Bidder agrees to provide equipment and perform all of the work indicated in IFB #24-0001, Section IV – Scope of Work, for a Total Bid Price of:

TOTAL BID PRICE: **\$** _____

Provide listing of any special equipment needed in order to deliver the equipment as specified, i.e. ramp or lift:

Sign below to confirm accuracy of Bid Form and conformity with provisions of IFB #24-0001.

Name of Firm: _____

Signature: _____

(RETURN THIS FORM)

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RESPONSE STATEMENT

This Response Form is to be completed by the Bidder to more specifically describe and define the proposed services. Any deviations from the IFB specifications shall be stated on this form or attached to this form.

1. Item Description

Two-Stall Shower Trailer

2. Deviations from IFB Specifications

Sign below to confirm accuracy of Bid Form and conformity with provisions of IFB #24-0001.

Name of Firm: _____

Signature: _____

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REFERENCES

A list of 3 References for which the Contractor has provided similar work over the last 5 years similar in Scope to that which is described herein shall be provided with the Bid Package. **City of Galax cannot be listed as a reference.**

Please list references below:

Company Name: _____ Service Dates: From: _____ To: _____

Address: _____

Point of Contact Name: _____ Phone: (_____) _____

Email: _____

Addtl. Information: _____

Company Name: _____ Service Dates: From: _____ To: _____

Address: _____

Point of Contact Name: _____ Phone: (_____) _____

Email: _____

Addtl. Information: _____

Company Name: _____ Service Dates: From: _____ To: _____

Address: _____

Point of Contact Name: _____ Phone: (_____) _____

Email: _____

Addtl. Information: _____

Sign below to confirm accuracy of Bid Form and conformity with provisions of IFB #24-0001.

Name of Firm: _____

Signature: _____

(RETURN THIS FORM)