

Project Name: Recycle Transfer Station Project

Contractor Name: _____

**SKOKOMISH INDIAN TRIBE
N. TRIBAL CENTER ROAD
SKOKOMISH NATION, WASHINGTON 98584**

B I D F O R M

In compliance with the contract documents, the following bid form is submitted:

1) BASE BID

_____ \$ _____
(Please print dollar amount in space above)

2) BID ALTERNATES (*Specify whether additive or deductive*)

- (1) Additive Bid #1 – Electrical Improvements _____ \$ _____
- (2) Additive Bid #2 – Mechanical Improvements _____ \$ _____
- (3) Additive Bid #3 –Foundations _____ \$ _____

The Owner reserves the right to accept or reject any or all bid prices within sixty (30) days of the bid date.

TIME FOR COMPLETION:

Contract Time - The undersigned hereby agrees to Substantially Complete all the work under the Base Bid (and accepted Alternates) within 90 calendar days after the date of Notice to Proceed.

Final Completion – All the Work shall be fully and finally completed in accordance with the contract documents within 30 calendar days after the date of Substantial Completion.

FEDERAL AND STATE REQUIREMENTS

The undersigned agrees to perform the requirements set out and incorporated by reference in attached "Davis Bacon and Buy American Build American" section in the specifications, if applicable.

LIQUIDATED DAMAGES

The undersigned agrees to pay the Owner as liquidated damages the sum of \$600 for each consecutive calendar day that is in default after the Contract Time. Liquidated damages shall be deducted from the contract invoice after taxes and retainage.

RECEIPT OF ADDENDA

Receipt of the following addenda is acknowledged:

Addendum No. _____

Addendum No. _____

Addendum No. _____

Addendum No. _____

Addendum No. _____

Addendum No. _____

Name of Firm _____

NOTE: If Bidder is a corporation, write State of Incorporation; if a partnership, give full names and addresses of all parties below.

Signed by _____ Official Capacity _____

Print Name _____

Address _____

City _____ State _____ Zip Code _____

Date _____ Telephone _____ FAX _____

State of Washington Contractor's License No. _____

Federal Tax ID # _____ E-mail address: _____

Employment Security Department No. _____