Bid Form

for

Nisqually Health Services Building

4840 Journey Street, Olympia, WA 98513

Bidder Name: _____

Bidder Address: _____

Bidder Telephone: _____

To: Nisqually Indian Tribe
4820 She-Nah-Num Drive SE
Olympia WA. 98513

CERTIFICATIONS AND BASE BID
Pursuant to and in compliance with issued documents, including any of the following; Instructions to Bidders, Drawings, Specifications, and other Documents relating thereto, the undersigned Bidder, having investigated the Project and being aware of costs and conditions affecting performance of the Contract, and being familiar with Contract Documents, hereby proposes to provide material and perform Work on terms and conditions herein contained. The amount computer includes cost of Work but does not include Washington State Sales Tax.

_____ Dollars ($_____)

The above amount may be modified by amounts indicated by Bidder in Schedule of Unit Prices and Schedule of Alternates below.

Include amount of overhead and profit in Base Bid amount.

Bidder, in submitting this Bid, understands that Owner reserves the right to reject any or all Bids, to waive any informality or irregularity in any Bid received, and to accept any Alternate(s) in any order of combination.

SALES TAX AND PERMITS

Do not include retail sales tax in Bid Sum: Other necessary fees and taxes shall be paid by the Contractor and are included in the bid. Local building department plan, check fee, building permit fee, and other fees as outlines in the RFP will be paid by the Owner and shall not be included in the bid.

SCHEDULE OF ALTERNATES

Refer to Bid Documents for alternates.
Do not include Washington State Sales Tax in alternate amounts.

Added Alternate No. x: Alternate Name

_____ Dollars ($_____)

TIME FOR COMPLETION

The undersigned Bidder proposes and agrees hereby to commence the Work of the Contract Documents on a date specified in a written Notice to Proceed issued by the Nisqually Indian Tribe. Substantial Completion shall be within 60 days.

Final Completion shall be within 30 days after date of Substantial Completion.

ACKNOWLEDGEMENT OF ADDENDA

Receipt of addenda are hereby acknowledged. Note addendums may or may not have been issued. Refer to official plan holder sites for all addendum issued.

Addendum No. _____ Dated _____

Addendum No. _____ Dated _____

Addendum No. _____ Dated _____

Addendum No. _____ Dated _____

OVERHEAD AND PROFIT

Include overhead and profit in Bid prices above.

CONTRACT

If the undersigned is notified of the acceptance of this Bid within 45 days after time set for opening Bids, undersigned agrees to execute a Contract for the above Work for the compensation established by adjusting the Base Bid by the amount of Alternate Bids and / or Substitute Bids selected by the Owner.

BID SECURITY
Comply with and bid security requirements as listed in the RFP.

REFERENCES
Provide project / client references as requested in the RFP as an attachment to this Bid Form.

SUBMISSION OF BID (Complete for all bids.)

Dated this _____ day of _____, 20___.

_____	_____
(Name of Person or Entity Submitting Bid)	(Mailing Address)
_____	_____
(Authorized Signature)	(City, State, Zip)
_____	_____
(Printed Name)	(Phone)
_____	_____
(Title)	(Email Address)
_____	_____
(WA State Contractor's License No)	(Expiration Date)

END OF BID FORM