ATTACHMENT C

BID FORM

Company Name: ________________________________
A. **BID CERTIFICATION**

By my signature, I certify that I am authorized to bind this company/individual to provide the goods/services specified herein, in compliance with the scope of work/technical specifications, and other terms and conditions in this Invitation for Bids at the price provided in the Bid Form.

Signature _____________________________ Print ______________________________________

Title _________________________________ Date _________________________________

Firm Name______________________________________________________________

Address____________________________________________________________________

City, State ________________________________ Zip Code __________________________

Phone Number ____________________________ Email _____________________________
B. **SCHEDULE OF PRICES**

1. Failure to provide a unit price will result in the Bid being deemed non-responsive.
2. In case of error in calculation of extended prices, the unit price governs.
3. The unit price shall be inclusive of all shipping and delivery charges.
4. The Bidder shall state the manufacturer or brand name and part number of the product offered. **DESCRIPTIVE LITERATURE** shall be provided only if the product offered is other than what is specified herein. See Part XII., Section 51 – Brand Name or Equal and Section 52 – Descriptive Literature of the IFB.

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Quantity</th>
<th>A Unit Price</th>
<th>B (A x B) Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Two (2) Passenger Seat Bottom Cushions Kustom Seating Unlimited Inc. Part #KSU-CUU-04524 or Approved Equal (Brand name and part number offered)</td>
<td>2,904</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>2.</td>
<td>One (1) Passenger Seat Bottom Cushion Kustom Seating Unlimited Inc. Part #KSU-CUU-04520 or Approved Equal (Brand name and part number offered)</td>
<td>2,904</td>
<td>$__________</td>
<td>$__________</td>
</tr>
<tr>
<td>3.</td>
<td>Flip Seat Bottom Cushion Kustom Seating Unlimited Inc. Part #KSU-CUU-04513 or Approved Equal (Brand name and part number offered)</td>
<td>720</td>
<td>$__________</td>
<td>$__________</td>
</tr>
</tbody>
</table>

**TOTAL PRICE** (Items 1 – 3) $__________

Company Name: ________________________________
C. REFERENCES (PAST & PRESENT EXPERIENCE)

(Three (3) references are required. Bidders shall make additional copies of this form.)

1. Firm: ______________________________________________________
2. Address: ______________________________________________________
3. Point of Contact: ______________________________________________
4. Title: _________________________________________________________
5. Telephone No.: _________________________________________________
6. Email Address: _________________________________________________
7. Contract Title/Contract No.: _____________________________________
8. Original Contract Value: _________________________________________
9. Contract Value at Completion: _________________________________
10. Contract Commencement Date: ________________________________
11. Contract Completion Date: _____________________________________
12. Description of the Work: ________________________________________

____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
D. REFERENCES (PAST & PRESENT EXPERIENCE) Continued - Terminated Contracts

List below any contracts within the past five (5) years, if any, on which failure to complete the work within the specified time frame resulted either in the assessment of liquidated damages, penalties or contract termination.

(Bidders shall make additional copies of this form.)

Check if not applicable ( )

1. Firm: ______________________________________________________
2. Address: ______________________________________________________
3. Point of Contact: ________________________________________________
4. Title: ______________________________________________________
5. Telephone No.: ________________________________________________
6. Email Address: ________________________________________________
7. Contract Title/Contract No.: ______________________________________
8. Original Contract Value: ______________________________________
9. Contract Value at Completion: ______________________________________
10. Contract Commencement Date: ______________________________________
11. Contract Completion Date: ______________________________________
12. Description of the Work: ______________________________________
   ____________________________________________________________________
   ____________________________________________________________________
E. **SUBCONTRACTORS FORM**
*(Bidders shall make additional copies of this form as necessary.)*

- [ ] No Subcontractors will be utilized.

1. Firm Name: ________________________________________________________________

2. Address: ________________________________________________________________

3. Contact: _______________ Title: _________________________________

4. Phone No.: ___________ Email Address: ______________________________

5. Check the following which apply:

   - [ ] Small, Woman-Owned and Minority-Owned Business (SWaM)
     - *Certified by: ____________________________ *(The SWaM certification must be attached)*

   - [ ] Disadvantaged Business Enterprise (DBE)
     - *Certified by: ____________________________ *(The DBE certification must be attached)*

6. **Annual Gross Receipts:**

   Indicate by checking (□) the appropriate block that applies to the Subcontractor:

   - [ ] Less than $7,500,000
   - [ ] More than $7,500,000

7. Type of work to be performed by the Subcontractor: _______________________

   ______________________________________________________________________

8. Location of work: _______________________________________________________

9. Estimated dollar amount of the work: $ ________________________________

**NOTE:** The following certifications included in ATTACHMENT B – REPRESENTATIONS AND CERTIFICATIONS must be attached for each Subcontractor:

1) **Certification of Primary Participating Debarment, Suspension, and Other Ineligibility and Voluntary Exclusion**
2) **Certification of Restrictions on Lobbying**
3) **Non-Collusion Affidavit**