

ATTACHMENT C

BID FORM CERTIFICATION

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** _____

Company Name _____

Address _____

City, State _____ **Zip Code** _____

Phone Number _____ **Email** _____



B. BID FORM

**BID FORM PROVIDED AS A SEPARATE ATTACHMENT IN
EXCEL FORMAT ENTITLED "ATTACHMENT C-1- BID FORM"**



C. REFERENCES (PAST AND PRESENT EXPERIENCE)

(Bidders shall make additional copies of this form.)

- 1. Firm: _____
- 2. Address: _____
- 3. Point of Contact: _____
- 4. Title: _____
- 5. Telephone No.: _____
- 6. Fax No.: _____
- 7. Email Address: _____
- 8. Contract Title/Contract No.: _____
- 9. Original Contract Value: _____
- 10. Contract Value at Completion: _____
- 11. Contract Commencement Date: _____
- 12. Contract Completion Date: _____
- 13. Description of the Work: _____

(Prime Contractor)



D. REFERENCES (PAST AND 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. Fax No.: _____
- 7. Email Address: _____
- 8. Contract Title/Contract No.: _____
- 9. Original Contract Value: _____
- 10. Contract Value at Completion: _____
- 11. Contract Commencement Date: _____
- 12. Contract Completion Date: _____
- 13. Description of the Work: _____

(Prime Contractor)



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.: _____ Fax No. or Email Address: _____

5. **Check (☑) all of 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 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*

(Prime Contractor)

