## **BID FORM**

PROJECT: OCHC Dental Renovation

PROJECT NUMBER: 18-006

BID DEADLINE: 2pm on January 29, 2019

To:	Oneida Engineering Department	Date:			
	N7332 Water Circle Place Oneida, WI 54155 920-869-1600				
Submit	tted by:				
	Full Name:				
F	-ull Address:				
	Telephone:				
E-N	lail Address:				
	1 The undersigned, having familiarized themselves with the Contract Doo necessary tools, expendable equipment and all utility and transportation manner, all in accordance with the Contract Documents, including add	on services necessary to perform and complete, in a work	•		
<ul><li>2 The undersigned agrees to hold this proposal open for 65 days after the bid opening.</li><li>3 The following addenda have been received and are acknowledged in this bid.</li></ul>					
	Addendum No.:	Date:			
	Addendum No.:				
	4 The undersigned agrees to perform all the work described in the Contr				

## **BID SCHEDULE**

LINE #	DESCRIPTION	COST BASIS	TOTAL PRICE
1	General Conditions	Fixed Fee	
2	General Construction	Fixed Fee	
3	Electrical	Fixed Fee	
4	Plumbing	Fixed Fee	
5	HVAC	Allowance	\$10,000.00
7	Owner Contingency	Allowance	\$50,000.00
8	Wall Protection and Decorative wall mounts	Allowance	\$ 3,000.00

	TOTAL BASE BID:
=	Should the undersigned consider the preferred 10-week duration from Start of Construction to
,	Substantial Completion to be unrealistic, state here the duration within which Substantial
	Completion shall be accomplished: calendar days. Note: Per The Project
	Scope document, there is a Lag between Notice to Proceed and Start of Construction.

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6 The undersigned hold a valid Infection Control Risk Assessment (ICRA) certification	Yes No
7 The Plumbing subcontractor is certified to install Category 3 Nitrous Oxide-Oxygen Conscious Sedation systems	Yes No
(Signature - Authorized signing officer)	_
(Printed Name and Title)	_