**BID FORM**

|  |  |
| --- | --- |
| **TO:** | **American Health Companies, LLC** |
| for the **PROJECT:** | Unity Humboldt Renovation3515 Chere Carol RoadHumboldt, TN 38343 |

**A.** This Bidder hereby acknowledges, attests, certifies, warrants, and assures that:

**1.** This Bidder has received, read, and understands the Bidding Documents, has visited the site and become familiar with local conditions under which work is to be performed, has correlated observations with requirements of Bidding Documents, and makes this bid in accordance therewith.

**2.** Contractors and subcontractors disqualified from participating in State Building Commission projects shall not be used to perform work under the contract that may result.

**3** This Bidder shall not knowingly utilize the services of an illegal immigrant in the performance of this Contract and shall not knowingly utilize the services of any subcontractor or consultant who will utilize the services of an illegal immigrant in the performance of this Contract.

**4.** Failure to complete Bid Form, provide required attachments, or comply otherwise with the Instructions to Bidders, may be cause for rejection of bid~~.~~

**5.** The person who signs this bid on behalf of Bidder is legally empowered to bind Bidder to a Contract.

**6.** The following statement is (mark the one that is applicable)

|  |  |
| --- | --- |
| 🞎 True🞎 False | The Bidder and/or any of the Bidder's employees, agents, independent contractors and/or proposed subcontractors have been convicted of, pled guilty to, or pled nolo contendere to any contract crime involving a public contract. |

**7.** This Bidder has received the following addenda:

|  |  |  |  |
| --- | --- | --- | --- |
| Addendum No |  | dated |  |
| Addendum No |  | dated |  |
| Addendum No |  | dated |  |

**B.** This Bidder agrees to:

**1.** Honor this bid for a period of forty five (45) days following the date of the scheduled opening of bids.

**2.** Enter into and execute a contract, if presented on the basis of this bid, and furnish certificate(s) of insurance and other documents related to the contract as required, including, if the Contract Sum exceeds one-hundred-thousand dollars ($100,000), Price and Performance Bonds.

**3.** Accomplish the Work in accordance with the Contract Documents.

|  |  |  |  |
| --- | --- | --- | --- |
| **4.** | Achieve Substantial Completion of the Work in | **240** | calendar days from and including the date stipulated in the Notice to Proceed |

|  |  |  |  |
| --- | --- | --- | --- |
| **5.** | Accept the conditions for Liquidated Damages in the amount of | **N/A** | per calendar day. |

**C. BASE BID:**

This Bidder agrees to complete the Work of the Base Bid for this project for the lump sum of (show amount in both words and figures):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and\_\_\_\_\_/100ths Dollars

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**D. CONTRACT TIME:**

The Bidder agrees to achieve substantial completion of the Work in the following calendar days from the Notice to Proceed.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ calendar days.

**E. ALTERNATES:**

This Bidder agrees to include work of the following alternates as specified (See Section 01 23 00) for the additional amounts listed:

|  |  |
| --- | --- |
| **Alternate No. 1:** | N/A |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and\_\_\_\_\_/100ths Dollars

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Alternate No. 2:** | N/A |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and\_\_\_\_\_/100ths Dollars

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| **Alternate No. 3:** | N/A |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and\_\_\_\_\_/100ths Dollars

**Submitted by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Authorizedsignature: |  | Date: |  |
| Name and title:(Type or print) |  |
| On behalf of:(Name of Bidder) |  |
| TN Contractor’sLicense No. |  Expiration  Date: |
| Bidder's address:(Please give Street |  |
| and Mailing addressif different) |  |
| Bidder'sTelephone Number: |  |  |  |
| Bidder's contactemail address: |  |

**Attachments:**

1. Cost Breakdown in Schedule of Values (16 division minimum)