BID SCHEDULE

CONCRETE PAD ADDITION FOR RECOVERED MATERIALS PROCESSING FACILITY

All work performed by the Contractor as essential to the completion of the intent of the Contract Documents shall be paid for in accordance with the Bid Schedule. No direct payment will be made for work performed which is not shown as a separate Bid Item. All costs shall be included in the various pay items in the Bid Schedule or an amount shown as Total Bid Amount for the work shown on the proposed project plans. The contractor certifies the following unit prices shall be utilized on the work. The unit prices shall also apply to any Extra Work necessary to complete the project, should modifications or variations occur in project quantities.

ITEM#	DESCRIPTION	QTY	UNIT	UNIT PRICE (\$)	TOTAL AMOUNT (\$)
4	SITE CLEARING/REMOVE & DISPOSE EXISTING CONCRETE PAD, COMPLETE	4	1.0		
1	PAD, COMPLETE	1	LS		
2	SILT FENCE, INSTALLED	400	LF		
3	CONCRETE WASHOUT, COMPLETE	1	EA		
4	SITE GRADING, COMPLETE	1	LS		
5	GEOGRID MATERIAL (1,566 SY PER LAYER), INSTALLED	4,700	SY		
6	GRADED BASE COURSE, UNIFORIM LAYER, INSTALLED				
	A. 12 INCH LIFT (1,566 SY PER LIFT)	4,700	SY		
	B. 9 INCH LIFT (1,566 SY PER LIFT	900	SY		
7	CONCRETE PAVING, INSTALLED	<mark>715</mark>	SY		
8	CONSTRUCTION SURVEYING, COMPLETE	1	LS		
9	MOBILIZATION, COMPLETE	1	LS		
TOTAL E					

BID FORM

A. Bid Amount Concrete Pad for

Recovered Materials Facility Concrete Pad Total Base Bid Price: (Total Base Bid Price from Bid Schedule) 10% Contingency **TOTAL PROJECT BID:** \$_____ Exceptions: B. Acknowledgement of Addenda If any Addenda are issued, Bidder hereby acknowledges receipt of all Addenda through and including: Addenda: #1 ____ #2___ #3___ #4___ #5___ C. Contractor's Classifications and Subclassifications SC Contractor's License Number(s): Classification(s) and Limits: Subclassifications (s) & Limits_____

D.	List of Subcontractor(s)		
Sι	bcontractor(s)		
_			
E.	List of References		
	1. Company Name:		· · · · · · · · · · · · · · · · · · ·
	Company Address:		
	Point of Contact:	Email:	
	2. Company Name:		
	Company Address:		
	Point of Contact:	Email:	
	3. Company Name:		
	Company Address:		
		Email:	

Signature Page - OFFERORS MUST COMPLETE AND SIGN THE FORM BELOW

The submittal must be signed by an authorized representative of the Offeror accepting all terms and conditions contained in this document and any addenda. Modifying the terms and conditions of this solicitation may result in your response being rejected.

COMPANY NAME	FEDERAL TAX ID NUMBER			
COMPANY ADDRESS	CITY, STATE, ZIP+4			
PAYMENT/REMITTANCE ADDRESS	CITY, STATE, ZIP+4			
EMAIL ADDRESS	COMPANY TELEPHONE			
PRINT NAME	TITLE			
AUTHORIZED SIGNATURE	DATE			
Minority Status				
Not Minority Owned African American Male Caucasian Female African American Female Aleut Eskimo East Indian Native American Asian Other (Please Explain)				

(Rev. October 2018)

Department of the Treasury Internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.					
Print or type. Specific Instructions on page 3.	2 Business name/disregarded entity name, if different from above		·			
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. Individual/sole proprietor or			4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any)		
	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶			Exempt payer road (ii aiiy)		
	Note: Check the appropriate box in the line above for the tax classificated. LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the content of the	Exemption from FATCA reporting code (if any)				
eci	☐ Other (see instructions) ▶			(Applies to accounts maintained outside the U.S.)		
See Sp	5 Address (number, street, and apt. or suite no.) See instructions. Requester's name		Requester's name a	and address (optional)		
	6 City, state, and ZIP code					
	7 List account number(s) here (optional)		L			
Par	Taxpayer Identification Number (TIN)					
	your TIN in the appropriate box. The TIN provided must match the r		0.00	curity number		
	rp withholding. For individuals, this is generally your social security r ent alien, sole proprietor, or disregarded entity, see the instructions f		or a			
entitie	s, it is your employer identification number (EIN). If you do not have		ta LLL			
TIN, later.			identification number			
Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Nar Number To Give the Requester</i> for guidelines on whose number to enter.		e 1. Also see What Name	and Employer	identification number		
	, ,		.	-		
Par	t II Certification					
Under	penalties of perjury, I certify that:					
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and						
3. I an	n a U.S. citizen or other U.S. person (defined below); and					
4. The	FATCA code(s) entered on this form (if any) indicating that I am exe	empt from FATCA reportin	g is correct.			
you ha	ication instructions. You must cross out item 2 above if you have beer ave failed to report all interest and dividends on your tax return. For real ition or abandonment of secured property, cancellation of debt, contribution in the cast in the certification of the contribution interest and dividends, you are not required to sign the certification	estate transactions, item 2 putions to an individual retire	does not apply. Fo ement arrangement	r mortgage interest paid, (IRA), and generally, payments		
Sign Here	Signature of U.S. person ▶	ī	Date ►			
Gei	neral Instructions	• Form 1099-DIV (div	vidends, including	those from stocks or mutual		
Section references are to the Internal Revenue Code unless otherwise noted.		Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)				
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted		Form 1099-B (stock or mutual fund sales and certain other				

after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.