

BID FORM

York Co Coroner's Facility

Submitted: _____, 20____

York County Government
6 South Congress Street
York, SC 29745

Sir or Madam:

The undersigned, as Bidder, hereby declares that the only person or persons interested in the Bid, as principal or principals, is or are named herein and that no other person than herein mentioned has any interest in the Bid of the Contract to which the work pertains; that this Bid is made without connection or arrangement with any other person, company, or parties making a bid or proposal and that the Bid is in all respects fair and made in good faith without collusion or fraud.

The Bidder further declares that he has examined the site of the Work and, through personal knowledge and experience and/or subsurface investigations, has fully satisfied himself in regard to all conditions pertaining to such site and he assumes full responsibility therefore; that he has examined the Drawings and Specifications for the Work and from his own experience or from professional advice that the Drawings and Specifications are sufficient for the Work to be done; that he has examined the other Contract Documents and all addenda relating thereto, and that he has satisfied himself fully, relative to all matters and conditions with respect to the Work to which this Bid pertains.

The Bidder proposes and agrees, if this Proposal is accepted, to contract with York County Government (OWNER) in the form of contract specified, to furnish all necessary materials, equipment, machinery, tools, apparatus, transportation and labor and to perform all work necessary to complete the Work specified in the Bid and other Contract Documents.

The Bidder further proposes and agrees to commence substantial work on this project within 15 days of a Notice to Proceed and agrees that the Work will be completed and ready for final payment **within 456 days** of the Notice to Proceed.

The Bidder further agrees to execute a Contract and furnish satisfactory Performance and Indemnity and Payment Bonds, and the required Certificates of Insurance, within ten consecutive calendar days after receipt of Notice of Award of the Contract, and the undersigned agrees that in case of failure on his part to execute the said Contract and Performance and Indemnity and Payment Bonds within the ten (10) consecutive calendar days after the award of the Contract, the Bid guarantee accompanying his Bid and the money payable thereon shall be paid to the OWNER as liquidation of damages sustained by the OWNER; otherwise, the Bid guarantee shall be returned to the undersigned after the Contract is signed and the Performance and Indemnity and Payment Bonds are filed.

Acknowledgement is hereby made of the following Addenda received since issuance of the Bid Documents:

Addendum No. _____ Dated: _____

Addendum No. _____ Dated: _____

Addendum No. _____ Dated: _____

Note:

All work performed by the Contractor as essential to the completion of the intent of the Contract Documents shall be paid in accordance with the Bid Schedule. No direct payment will be made for work performed which is not shown as a separate Bid Item. The undersigned proposes the following unit prices to be utilized on the Work or Extra Work should modifications or variations incorporate these items of work into the Work.

Bid Form

York Co Coroner's Facility

BASE BID

TOTAL BASE BID _____

Dollars (\$_____).

ALLOWANCES

Allowance No. 1: Monument Sign & Exterior Signage - \$20,000

Allowance No. 2: Misc. Structural Items - \$20,000

UNIT PRICES

UP-1	Additional Excavation(Surplus fill) /Disposal Off-Site	50 CY @ \$ _____ /CY (\$ _____)
UP-2	Additional Imported Structural Fill/Install/Compact in Place	50 CY @ \$ _____ /CY (\$ _____)
UP-3	Additional Tensar Geogrid Install/Compact in Place	50 SY @ \$ _____ /CY (\$ _____)
UP-4	10,000 square feet of alternate flooring adhesive	10,000 SF @ _____ /SF (\$ _____)
UP-5	10,000 square feet of remedial floor coating or sheet membrane	10,000 SF @ _____ /SF (\$ _____)

TOTAL PROJECT BID _____

Dollars (\$_____).

The total bid amount includes allowances and unit prices.

The Owner shall have the right to accept Allowances, Unit Prices, and Contingencies listed on the bid form in any order or combination, and to determine the lowest responsive bidder unless otherwise specifically provided in the Bidding Documents, and to determine the low Bidder on the basis of the sum of the Base Bid, Allowances, Unit Prices, and Contingencies accepted based on the Owner's budget at time of bid.

Address:

P.O. Box _____

Street: _____

City: _____

State, Zip Code: _____

Telephone: _____

Fax: _____

Federal ID#: _____

Email address: _____

Contractor License type: _____

SC Contractor License number: _____

License status: _____

Expiration: _____

Classification(s) and Limits: _____

Subclassification(s) and Limits: _____

The full names and residences of persons and firms interested in the foregoing bid, as principals, are as follows:

Name of the executive who will give personal attention to the work:

Attach list of subcontractors as required by Article 13.4 of Information to Bidders.

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: _____

Point of Contact: _____ Email: _____

END OF SECTION

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)

Request for Taxpayer Identification Number and Certification

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

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

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number	
<div></div>	<div></div>
or	
Employer identification number	
<div></div>	<div></div>

Part II Certification

Under penalties of perjury, I certify that:

- 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
- 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
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted 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)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other 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.