

Attachment B – IFB 10618-18/ALE
Bid Submittal Sheet
Clean and Replace Perk Filters at the City of Redmond Stormwater Vault

Company Name: _____ Contact Person: _____

Company Address: _____

City: _____, State: _____, Zip: _____

Phone #: (____) _____ Fax #: (____) _____ Email: _____

We offer this pricing in response to the City's request for pricing. The prices provided below are fully-burdened, including direct labor cost, overhead, profit, and any materials. Removal and disposal of any scrap material is to be done in compliance with all local and federal laws and requirements.

Prices quoted below include the cost of payment and performance bonds, if applicable, as required by IFB 10618-18.

Bid Item #	Description	Lump Sum Price
1	Cleaning	\$
Sales Tax	10% WSST	\$
	Total Bid Price	\$

Bid Item #	Description	Lump Sum Price
2	Waste Disposal	\$
2A	Offsite Disposal	\$
Sales Tax	10% WSST	\$
	Total Bid Price	



Bid Item #	Description	Lump Sum Price
3	Filters	\$
3A	Filters Furnished and Returned to Supplier	\$
Sales Tax	10% WSST	\$
	Total Bid Price	

The City of Redmond reserves the right to reject any or all proposals, to waive any irregularities or information in the evaluation process, and to select any combination of the above Item numbers. The final decision is the sole decision of the City of Redmond, and the respondents to this request have no appeal rights or procedures guaranteed to them.

Validity:

60 days calendar days from bid receipt date. The City of Redmond reserves the right to request an extension of the 60-day period.



References:

Provide a list of three (3) references of similar-sized projects to include contact name, contact information, and a description of the project. The City reserves the right to contact references without notification to the bidder:

1. _____

2. _____

3. _____

City of Redmond Business License #: _____ or ____ I/we agree to obtain upon award of this purchase.

Washington State Contractor's License Number: _____

Washington Unified Business Identifier (UBI): _____
(<http://bls.dor.wa.gov/file.aspx>)

Employment Security Dept. Number: _____

State Excise Tax Registration Number: _____
(<http://bls.dor.wa.gov/taxregistration.aspx>)

Industrial Insurance Coverage: _____
(<http://bls.dor.wa.gov/industrialinsurance.aspx>)

The Contractor certifies that it is not disqualified/barred from working on any public works programs: _____
(<http://www.lni.wa.gov/TradesLicensing/PrevWage/AwardingAgencies/DebarredContractors/>)

The undersigned agrees fully with the terms and conditions of this request for pricing and acknowledges they are authorized to sign for the company.

Authorized Agent: _____ Date: _____

