

QUOTE FORM

TO: University of Washington - Facilities
Seattle, Washington 98195

PROJECT: SCFM Repair, #207452

The Undersigned submits the following quote in response to the Request for Quote for this project.

BASE PRICE:

Pursuant to and in compliance with the Request For Quote, the Contractor hereby certifies, having carefully examined the Solicitation Documents and conditions affecting the work, and being familiar with the site; and having made the necessary examinations, proposes to furnish all labor, materials, equipment and services necessary to complete the work in strict accordance with the Contract Documents for the following sum, which is hereby designated as the Base Bid:

Base Bid	
Dollars	Cents
\$	

ALTERNATE PRICING:

Alternate #1 - Off-Site Sewer Disposal	
Dollars	Cents
\$	
Alternate #2 – Pipe Replacement	
\$	
Alternate #3 – Video Investigation	
\$	

SALES TAX:

None of the sums stated include Washington State Sales Tax.

TIME OF COMPLETION:

The Undersigned agrees, if awarded the Contract, to complete the work of the Contract within the number of calendar days specified in the quote and Contract. It is further agreed that the time for completion of the work described herein is a reasonable time considering climatic range and usual industrial conditions prevailing in the locality.

CONTRACT:

If notified of the acceptance of this quote, the Undersigned agrees to execute a contract for the work, for a compensation computed from the above stated sums, on the University of Washington Contract form, and to furnish a Payment and Performance Bond and acceptable evidence of insurance as required.

CONTRACT EXECUTION:

Contractor shall submit executed Contract, Payment and Performance Bond, and acceptable evidence of insurance within seven (7) days after receipt of award notice and Public Works Contract form from the Owner. If the successful Contractor, upon award of a contract by the Owner, fails to execute the Public Works Contract, or submit the Payment and Performance Bond and acceptable evidence of insurance as required within the time specified, Owner may revoke the award.

Bidder's Business Name:			
Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (State of Incorporation: __) <input type="checkbox"/> Other			
Business Address:		City:	State: Zip Code:
Business Telephone Number:	Business Fax Number:	Business E-mail Address:	
State of Washington numbers for the following:			
Contractor Registration No.:	UBI No.:	Employment Security Dept. No.:	
Receipt is hereby acknowledged of Addenda No(s).: _____			
Bidder is in compliance with the responsible bidder criteria requirement of RCW 39.04.350(1)(g).			

OFFICIAL AUTHORIZED TO SIGN FOR BIDDER:

"I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct":	
Signature:	Date:
Print Name and Title	Location or Place Executed: (City, State)