

SECTION 00300

CONTRACTOR'S BID PROPOSAL FORM

Central Hillside Park

BID OPENING:

09	July	2015	2:00CST	Room-100
Day	Month	20YR	Time	Location

PART 1: BID SCHEDULE

1.01 The following bid items are to include materials, labor, profit, taxes and overhead for the complete system in place.

1.02 Contractor to fill in all bid items, failure to do so may result in disqualification.

Base Bid Item # Description	Unit	Amount
1. General Requirements/Mobilization	LS	\$ _____
2. Demolition /Site Preparation	LS	\$ _____
3. Earthwork/Grading	LS	\$ _____
4. Concrete Paving / Sidewalks	LS	\$ _____
5. Install owner supplied structure 24'	LS	\$ _____
6. Lighting System	LS	\$ _____
7. Bluegrass Sod	LS	\$ _____
TOTAL – Phase 1 BASE BID ITEMS #1-7		\$ _____

WRITTEN

*Play area curbing, play surfacing, and play equipment is by others, contractor is responsible for coordination.

*The quantities provided are approximate; contractors are to bid the plans as drawn.

PART 2: SUPPLEMENTAL SCHEDULE OF UNIT PRICES

A. All items are to be filled in by all Bidders. Failure to complete this portion of the Bid Proposal may result in disqualification of the bid.

B. The following prices are intended to be the basis for **additions or deletions** to the work for items bid as lump sums, if required, the value of such changes to be determined by the quantities involved at the time of Award and/or throughout the contract duration. All unit price amounts for each of the items listed below shall include its pro rata share of materials, labor, profit, taxes, overhead, etc. for the item in place. Unit prices are to be valid for the life of the contract.

Item # Description	Unit	Amount
1. Bluegrass Seed with 4" topsoil	SY	\$ _____
2. Finished Grading	SY	\$ _____
3. 6" Class V- Compacted	CY	\$ _____
4. Site/Walk Grading	SF	\$ _____
5. 4" Sidewalks/shelter paving area	SF	\$ _____
6. Light Fixture	EA	\$ _____

1.02 ALTERNATE BID ITEMS (None unless submitted by addendum)

THE FOLLOWING BID ALTERNATIVES MAY BE ACCEPTED AT THE OWNER'S OPTION IN ANY ORDER AND MAY NOT BE INCLUDED:

None

1.03 APPROVED SUBSTITUTIONS: If a **pre-approved** substitution(s) is proposed, specify brand and model number below.

Substitution	Deduct/Add Amount (List in Complete Detail)
_____	_____
_____	_____
_____	_____

Signature _____ Date _____

Name/Title _____

Company Name _____

Address _____

City, State, Zip _____

Tel. _____